



Mission Association for Community Living

Application for Employment

Date of Application: _____ Posting # (if applicable) _____
 First Name: _____ Last Name: _____
 Address: _____ City _____ Postal Code _____
 Contact Phone: _____ Email: _____

Conditions of Employment and General Information

Are you legally eligible to work in Canada? yes no Are you at least 19 years of age? yes no
 Citizenship: Canadian Citizen Permanent Resident Applying to work with: Adults Children
 Are you fluent in English (written and verbal) yes no
 Have you ever been convicted of a criminal offense and/or received a pardon? yes no

Do you have:

A BC Drivers License? Class # _____ A reliable vehicle for work (would you use your vehicle for work? yes no)
 Emergency First Aid with CPR _____ Exp. Date _____ Food Safe yes no NVC (MANDT, CPI) yes no

Availability

Date Available: _____ Are you interested in : Full-Time Part-Time Casual Seasonal/Temporary
 Are you currently employed? yes no If yes, where? _____ What shifts? _____
 Do you have any scheduled vacation plans or time off in the next 6 months to a year? yes no When? _____

In the table below, please indicate with a ✓ where you are available to work. Please note that priority is given to applicants with full availability.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days: 7 am – 3 pm							
Evenings: 3-11pm							
Overnights (awake) 11pm to 7am							
Availability Comments:							

Training/Education (Please begin with most recent)

- Name and Location of School: _____ Dates attended (MMYY) _____
 Degree/Certificate/Diploma completed _____ Field of Emphasis _____
- Name and Location of School: _____ Dates attended (MMYY) _____
 Degree/Certificate/Diploma completed _____ Field of Emphasis _____

Employment History (Please begin with most recent)

1. Current / Last position Title: _____ Company: _____
Responsibilities: _____
Dates of Employment: _____ Reason for Leaving: _____
Supervisor Name: _____ Phone # _____ May we contact them? yes no
2. Current / Last position Title: _____ Company: _____
Responsibilities: _____
Dates of Employment: _____ Reason for Leaving: _____
Supervisor Name: _____ Phone # _____ May we contact them? yes no
3. Current / Last position Title: _____ Company: _____
Responsibilities: _____
Dates of Employment: _____ Reason for Leaving: _____
Supervisor Name: _____ Phone # _____ May we contact them? yes no

Additional Information

- Supporting people with disabilities often involves lifting and transferring. Describe any limitations you may have in your ability to lift and transfer _____
Or "I have no limitations in regards to my ability to lift or transfer" Initial if this statement is true: _____
- Do you have any relatives that work for MACL? yes no If yes, Who? _____
- Do you have any relatives receiving services from MACL yes no Who? _____
- Have you ever been employed by MACL before? yes no Which Program? _____
- Have you worked for another Community Living agency before? yes no Which? _____
- Have you applied to MACL before? yes no

Declaration

I certify that all information in this application is true and complete. I understand that if any such information is at any time found to be false; such information may be cause for discharge or refusal of employment. I hereby authorize the Mission Association for Community Living to discuss this application and my abilities, skills, qualifications and experience to determine my suitability for possible employment.

Signature of Applicant: _____ Date: _____

Please Return to:
Mission Association for Community Living
33345 Second Ave. Mission, BC V2V 1K4
Tel: 604-826-9080 Fax: 604-826-9611
www.missionacl.org macl@macl.bc.ca

How did you hear about us?

- MACL Website Craigslist Indeed.com School : _____
MACL Employee Other: _____