Employment Application / On-Call Community Living Support Worker

Last Name	First Name	Initial

Street/Post Office Box #	City/Town	Postal Code	Telephone #

1. C.D.S.C.L. is a seven day a week/24 hour a day operation. Are you prepared to work:
   Any shift? (day, evening, night) Yes____No____Any day of the week? Yes____No_____

2. If you are hired when are you prepared to start?_____

3 A Regular Drivers License (Class 5) is required. Do you have a valid Class 5 License?
   Yes_____No_____ (Photocopy required).

4. a) A Class 4 Drivers License (License to drive a wheelchair van) is required for some positions.
   Do you currently hold a Class 4 Driver's License? Yes_____No_____

   b) If no, are you prepared to obtain a Class 4 Driver's License within 6 months? Yes_____No_____

5. C.D.S.C.L. Policy prohibits relatives being supervised by a relative. Are you related to a
   C.D.S.C.L. employee? Yes_____No_____Name of relative:_____

6. Are you able to legally sign official documents? Yes_____No_____

Education

C.D.S.C.L. requires a minimum Grade 12 or GED of all employees: High School/College attended: _____Grade 12_____GED_____

List any Courses/Certificates that may assist in your application:

Human Service Worker____First Aid/CPR____Expiry Date_____Food Safe_____

WHIMIS_____

Non-violent Crisis Intervention:_____ Other_____

C.D.S.C.L. has a training course that all employees must complete within a specified time. Are you prepared to take this course? Yes_____No_____

Please list any other qualifications, experience or volunteer experience that may be related employment at C.D.S.C.L._____
_____
_____
_____
_____
_____

Please tell us why you are applying for employment at C.D.S.C.L.
_____
_____
_____
_____

Do you have a Criminal Record? Yes_____No_____
Are there any medical issues that would affect your ability to perform your duties? Yes____No___.
If yes on either of the above please provide details on a separate sheet.

Form 7.1a

Name of Current Employer Address Phone Number

Your Job Title Starting date/Salary Date left Ending Salary

Reason for Leaving:_____
Supervisor's Name/Ttile:_____May be contacted: Yes_____No_____

Previous Employers:

Name of Employer Address Phone Number

Your Job Title Starting date/Salary Date left Ending Salary

Reason for leaving:_____

Supervisor's Name/Title:_____May be contacted: Yes_____No_____

Name of Employer Address Phone Number

Your Job Title Starting date/Salary Date left Ending Salary

Reason for leaving:_____

Supervisor's Name/Ttile:_____ May be contacted: Yes_____No_____

References:

Provide two references from your most recent employers or educational institutions attended and a personal reference from a citizen of the Creston community. (Not a relative)

Name Address Occupation Telephone Number

1.

2.

3.

Security/Health Regulations

Prior to employment all applicants must obtain the following:

1) Criminal Records Check
2) T.B. Skin Test (as per Licensing Requirements)
3) Medical Report (Form available at the Office)
4) Current First Aid Certificate
5) Driver's Abstract (From ICBC agent)

I have read the attached Job Description and understand the basic requirements of the job. Initial:_____

I understand that all of the above information is taken as truth, that any conflicting evidence will result in my dismissal if hired and that false information is sufficient reason for me not to be hired.

Signature of Applicant Date

CDSCL complies with BC's new privacy legislation. CDSCL policies and procedures regarding confidentiality and privacy issues comply fully with the Personal Information Protection Act (PIPA).

Form 7.1a