

Applicant's Information

Surname, Given name	Home telephone number	Cell phone number
Full Address, including postal code		
E-mail address		

Position Desired

Casual Developmental Services Professional <input type="checkbox"/> YES <input type="checkbox"/> NO	Summer Student <input type="checkbox"/> YES <input type="checkbox"/> NO	Other:	Do you have a current Vulnerable Sector Check? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--------	--

Qualifications, Special licenses, and Certificates

Do you hold a current first aid certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you hold a current valid Ontario Driver's License and access to a personal vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you hold a Nonviolent Crisis Intervention Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you hold any additional relevant diplomas, licenses, certificates, or training? If yes, please list... <input type="checkbox"/> YES <input type="checkbox"/> NO		
<hr/> <hr/> <hr/>		

What best describes you? (Check one)

Wish to pursue casual employment on a regular basis
 Regular Long-Term Employment

Fort Frances
 Rainy River

Are you currently enrolled in school? (Check one) YES NO

Are you eligible to work in Canada? (Check one) YES NO

Availability

Indicate below which days of the week and time of day you will be available to work. *Check all that apply.*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Night							

Please note: We are a 24/7 operation. Casual employees will be on call as needed. This may include days, afternoons, night shifts, and weekends.

How did you hear about this opportunity?

Work Experience

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
Immediate supervisor and title		Nature of the work and responsibilities	
Reason for Leaving		Hourly Rate/Salary	May we contact? (Circle one) YES NO
FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
Immediate supervisor and title		Nature of the work and responsibilities	
Reason for Leaving		Hourly Rate/Salary	May we contact? (Circle one) YES NO
FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
Immediate supervisor and title		Nature of the work and responsibilities	
Reason for Leaving		Hourly Rate/Salary	May we contact? (Circle one) YES NO

Work References & Consent: I authorize Community Living to contact the following persons/businesses for the purpose of obtaining reference information.

Name	Email Address	Phone number
Place/Name of business	City	
Name	Email Address	Phone number
Place/Name of business	City	
Name	Email Address	Phone number
Place/Name of business	City	

AGREEMENT

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application will be considered cause for dismissal.

_____ (Signature) _____ (Date)