



# Dawson Creek Society for Community Living

## EMPLOYMENT APPLICATION – EXTERNAL

(Please Print)

NAME _____				
	_____	_____	_____	_____
	Last First Middle			
PRESENT ADDRESS: _____				
	Street and/or Box Number			
City	Province	Postal Code	Home #	Work #
EMAIL ADDRESS: _____				
POSITION APPLYING FOR: _____				
DATE AVAILABLE: _____				
HOURS AVAILABLE FOR WORK: _____				
ARE YOU PREPARED TO WORK SHIFT WORK?			Yes _____	No _____
HAVE YOU WORKED FOR THIS SOCIETY BEFORE?			Yes _____	No _____
IF YES, WHEN: _____			IN WHAT CAPACITY? _____	
HAVE YOU APPLIED FOR EMPLOYMENT WITH THIS SOCIETY BEFORE?			Yes _____	No _____
IF YES, WHEN? _____				
ARE YOU RELATED TO ANYONE IN THE SOCIETY'S EMPLOY OR ON THE BOARD OF DIRECTORS?			Yes _____	No _____
EXPLAIN: _____				
ARE YOU A CANADIAN CITIZEN OR LANDED IMMIGRANT?			Yes _____	No _____
If no, what is your status? _____				
DO YOU HAVE ANY DISABILITIES OR MEDICAL RESTRICTIONS THAT MAY AFFECT YOUR ABILITY TO PERFORM RELATIVE TO THE JOB(S) APPLIED FOR?			Yes _____	No _____

**\*Attach Grade 12 Diploma and Transcript. Attach copies of College and University Diploma / Degrees and Transcripts of Courses completed.**

**...a Non-Profit Society incorporated April 1958**

1334-102 Avenue | Dawson Creek, BC, V1G 4C6 | Tel: 250-782-2611 | Fax: 250-782-2662

[www.dcscl.org](http://www.dcscl.org)

NAME OF SCHOOL/TRAINING INSTITUTION	LOCATION CITY, PROVINCE	DATES ATTENDED	LENGTH OF PROGRAM	SUBJECT OR DIPLOMA/DEGREE EARNED

SPECIAL COURSES	COURSE CONTENT	DURATION IN HOURS	YEARS COMPLETED

DO YOU HAVE A DRIVER’S LICENSE? Yes \_\_\_\_\_ No \_\_\_\_\_ What Class? \_\_\_\_\_  
 Minimum Class 7 N Please attach a copy of your driving record (driver’s abstract)

DO YOU HAVE A RELIABLE AVAILABLE VEHICLE? Yes \_\_\_\_\_ No \_\_\_\_\_

**PRESENT AND FORMER EMPLOYMENT:** List starting with your most recent employment first.

DATES	NAME OF EMPLOYER (Supervisor)	MAILING ADDRESS AND PHONE NUMBER OF EMPLOYER	PRINCIPLE DUTIES	REASON FOR LEAVING
<b>From:</b>				
<b>To:</b>				
<b>(#hrs./mo.)</b>				
<b>From:</b>				
<b>To:</b>				
<b>(#hrs./mo.)</b>				

<b>PRESENT AND FORMER EMPLOYMENT:</b> List starting with your most recent employment first.																												
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<p>If you have employment previous to the above please attach information on a separate page.</p> <p>May we contact your present employer? Yes _____ No _____</p> <p>Would you object to us contacting any previous employer? Yes _____ No _____</p> <p>If Yes, why? _____</p>																												
<p><b>OFFICE SKILLS</b></p> <p>Typing speed (wpm): _____</p> <p>Computer Skills: PC _____ MAC _____ Beginner: _____ Intermediate: _____ Advanced: _____</p> <p>Spreadsheet/Other software: _____</p> <p>Other Skills: _____</p>																												
<p><b><u>WORK REFERENCES:</u></b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">NAME</th> <th style="width: 15%;">MAILING ADDRESS</th> <th style="width: 15%;">PHONE NUMBER</th> <th style="width: 20%;">OCCUPATION</th> <th style="width: 15%;">YEARS/MOS ACQUAINTED</th> <th style="width: 20%;">POSITION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					NAME	MAILING ADDRESS	PHONE NUMBER	OCCUPATION	YEARS/MOS ACQUAINTED	POSITION																		
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<p><b>GENERAL INFORMATION</b></p> <p>Pertaining to employment history, career objectives or relevant interests and experience. Completing this section helps us assess your qualifications. The space below can be used to highlight any additional information which you feel is directly related to the position for which you are applying.</p> <p> </p> <p> </p> <p> </p> <p> </p>																												

<b>GENERAL INFORMATION (continued)</b>
<p><b>Freedom of Information / Protection of Privacy</b>                  DCSCCL complies with the legislation in the Province of British Columbia. The information collected on this application will be used to determine eligibility for employment with DCSCCL.</p> <p><b>Read carefully before signing</b>                  I certify, agree and understand that all information supplied on this application is true and I understand that any untrue statements will be grounds for termination of my employment at any time during my employment. In connection with this application, I authorize all organizations, companies, credit agencies, persons, educational institutions, law enforcement agencies, government departments, current and former employers to release information they have about me and release them from any liability from doing so. I accept the purpose of the information gathering is to determine my suitability for employment. I further understand that appointment is dependent upon</p> <ul style="list-style-type: none"> <li>a) successful completion of a probationary period;</li> <li>b) contacting my previous employers to obtain satisfactory reference checks;</li> <li>c) submitting certification of first aid training, food safe and WHMIS.</li> </ul> <p>SIGNATURE _____ DATE _____  <span style="margin-left: 350px;">Month / Day / Year</span></p> <p><b>NB Please complete this application form even if you have a resume.</b></p> <p>NOTE: if this application is not filled out in full and/or you do not attach requested documentation your application will NOT be considered.</p>

**Office Use Only**

<b>VERIFICATION OF CREDENTIALS</b>	
Date: _____	Time: _____
Institution: _____	
Person and Position Contacted: _____	
<input type="checkbox"/> Verified: _____	
Signature: _____	