

(EXTERNAL)

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 EMPLOYEE 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 _____

****All Applicants must be Double Vaccinated for Covid-19**

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

Hiring Requirements	YES	NO	EXPIRY DATE
1. Food Safe			
2. First Aid			
3. WHMIS			
4. Driver's Abstract			

DO YOU HAVE A DRIVER'S LICENSE? Yes _____ No _____ What Class? _____

*Class 5 Preferred

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
From:				
To:				
(#hrs./mo.)				
From:				
To:				
(#hrs./mo.)				

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	
From:					
To:					
(#hrs./mo.)					
From:					
To:					
(#hrs./mo.)					
<p>Would you object to us contacting your present or previous employer? Yes _____ No _____</p> <p>If Yes, why? _____</p>					
<p>Communication SKILLS: English Proficiency</p> <p style="text-align: center;"><i>Reading</i> <i>Writing</i> <i>Speaking</i></p>					
Beginner:					
Intermediate:					
Fluent:					
WORK REFERENCES:					
NAME	MAILING ADDRESS	PHONE NUMBER	OCCUPATION	YEARS/MOS ACQUAINTED	POSITION
GENERAL INFORMATION					
<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>					

1. ON-CALL (CASUAL) AVAILIBILITY: Fill in Available or the time that depicts your availability.			
SUNDAY:	MONDAY:	TUESDAY:	
WEDNESDAY:	THURSDAY:	FRIDAY:	SATURDAY:
2a. Do you anticipate a change to your availability in the near future? Yes No			
b. If yes, please explain:			
<p>Freedom of Information / Protection of Privacy DCSCL 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>Read carefully before signing 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"> a) successful completion of a probationary period; b) contacting my previous employers to obtain satisfactory reference checks; 			
SIGNATURE _____		DATE _____	
		Month / Date / Year	
<p>NB <i>Please complete this application form even if you have a resume.</i></p> <p><i>NOTE: if this application is not filled out in full and/or you do not attach requested documentation your application will NOT be considered.</i></p>			