

EXTERNAL
(Please Print)

NAME _____
Last First Middle

DO YOU IDENTIFY AS INDIGENOUS? Yes ___ No ___

IF YES, INDIGENOUS FIRST NATION METIS

PREFERRED PRONOUN _____

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? _____

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

DO YOU HAVE ANY DISABILITIES OR MEDICAL RESTRICTIONS THAT MAY AFFECT YOUR ABILITY TO PERFORM RELATIVE TO THE JOB(S) APPLIED FOR?

Yes ___ No ___

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

HIRE REQUIREMENTS	YES	NO	EXPIRY DATE
Food Safe			
First Aid			
WHMIS			
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 you 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.)				
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.)					
Would you object to us contacting your present or previous employer? Yes ___ No ___ If yes, why? _____					
COMMUNICATION SKILLS: English Proficiency					
Level	Reading		Writing		Speaking
Beginner:					
Intermediate:					
Fluent:					
WORK REFERENCES:					
NAME	MAILING ADDRESS	PHONE NUMBER	OCCUPATION	YEARS/MOS ACQUAINTED	POSITION
GENERAL INFORMATION					
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.					

1. ON-CALL (CASUAL) AVAILABILITY: Fill in Available or the time that depicts your availability.			
Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	

2.

(a) Do you anticipate a change to your availability in the near future? Yes ___ No ___

(b) If yes, please explain:

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 DCSCL.

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 give consent to access any social media platforms and I accept the purpose of the information gathering is to determine my suitability for employment. I further understand that appointment is dependent upon

- a) successful completion of a probationary period;
- b) contacting my previous employers to obtain satisfactory reference checks.

SIGNATURE _____ DATE _____

Month / Day / year

NB Please complete this application form even if you have a resume.

NOTE: if this application is not filled out in full and / or you do not attach requested documentation your application will NOT be considered.