

Chilliwack Society for Community Living Employment Application

9353 Mary Street
Chilliwack BC V2P 4G9
Ph: (604)792-7726 Fax: (604)792-7962
Email: human.resources@cscl.org



Please complete all sections; incomplete applications will not be considered.

Date of Application: _____ Posting # (if applicable): _____

Name: _____ Email Address: _____
(Mandatory)

Home Address (Physical) _____ City _____ Postal Code _____

Mailing Address (if different) _____ City _____ Postal Code _____

Home Phone _____ Cell Phone _____

Conditions of Employment & General Info

Are you legally entitled to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been convicted of a criminal offense that may give cause for concern relative to the job(s) applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you fluent in English (both verbal and written)? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you applying to work with: <input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> No preference	Are you at least 19 years of age at the date of application? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a valid BC Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO What Class? <input type="checkbox"/> Class 5 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 7 (N) <input type="checkbox"/> Other: _____ If required, do you have a reliable vehicle that you would be willing to use for work? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date you are available to begin work: _____ Have you applied to CSCL before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where? _____ What shifts? _____
How did you hear about us? <input type="checkbox"/> CSCL website <input type="checkbox"/> Craigslist <input type="checkbox"/> Newspaper <input type="checkbox"/> School: _____ <input type="checkbox"/> CSCL Employee: _____ <input type="checkbox"/> Other (please specify): _____	

Availability Employees are hired on a casual/on-call basis and are expected to work a variety of shifts including evenings/overnights and weekends (unless assigned to a Day Program). Once hired, employees may apply for internal postings.

In the table below, place a '✓' where you are available to work. *Please note that priority consideration is given to applicants with full availability.*

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Days 7am-3pm							
Evenings 3-11pm							
Overnights 11pm-7am							

Availability Comments:

Education/Training List in chronological order beginning with the most recent:

Name & Location of School	Dates attended from (MMYY) to (MMYY)	Certificate/Diploma/Degree Completed & Date Received	Field of emphasis

Employment History List in chronological order beginning with the most recent:

Name & Location of Employer:	Dates of Employment From - To (MMYY)- (MMYY)	Job Title & Duties/Responsibilities:	Reason for Leaving:
Supervisor's Name & Title :	Permission to contact supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If No, please explain:</i>	Supervisor's Phone/Email:

Employment History cont'd

Name & Location of Employer:	Dates of Employment From - To (MMYY)- (MMYY)	Job Title & Duties/Responsibilities:	Reason for Leaving:
Supervisor's Name & Title :	Permission to contact supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If No, please explain:</i>	Supervisor's Phone/Email:

Employment History cont'd

Name & Location of Employer:	Dates of Employment From - To (MMYY)- (MMYY)	Job Title & Duties/Responsibilities:	Reason for Leaving:
Supervisor's Name & Title :	Permission to contact supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If No, please explain:</i>	Supervisor's Phone/Email:

Additional Information

Why are you applying to the Chilliwack Society for Community Living?

Please describe your experience and/or education related to supporting individuals with developmental disabilities:

Supporting people with disabilities often involves some lifting and transferring. Describe any limitations you may have in regards to your ability to lift/transfer.

or,

"I have no limitations in regards to my ability to lift and/or transfer" Initial if this statement is true: _____

Describe any known allergies (i.e. pets, foods) and any limitations you may have relating to them.

Have you ever been employed by CSCL? YES NO

If yes, provide dates & the program you worked in:

Do you have any relatives currently employed at CSCL? YES, Name: _____ NO

Do you have any relative(s) or anyone in your household currently receiving services from CSCL? YES NO

If Yes, what program? _____

Application & Employment Requirements

Please check off below any that you have completed. Applicants may be interviewed prior to submitting these requirements; however, **priority consideration will be given to applicants who submit the Pre-Hire requirements with their application.** Final confirmation of hiring will take place after Pre-Hire requirements have been submitted and approved.

Pre-Hire

- | | |
|--|--|
| <input type="checkbox"/> Tuberculosis (TB) Skin Test (within 2 yrs).....
Available at your local Health Unit | <input type="checkbox"/> I have attached a copy of TB results
or, my TB Test Appointment Date(s): _____ |
| <input type="checkbox"/> Driver's Abstract –
Available at your local Motor Vehicle Branch or call 1-800-950-1498 &
have them fax to CSCL Attention: HR or email to us | <input type="checkbox"/> I have attached my Driver's Abstract
<input type="checkbox"/> I have submitted a request to ICBC to have it sent via
fax/email directly to CSCL |
| <input type="checkbox"/> Valid Class 4 or 5 BC Driver's License | <input type="checkbox"/> I have attached a copy of my license |
| <input type="checkbox"/> CSCL Doctor's Certificate of Good Health - <i>Obtain form from CSCL...</i> | <input type="checkbox"/> I have attached the completed form,
or, my doctor's appointment date is: _____ |

Criminal Record Checks must be obtained through the Ministry of Public Safety & Solicitor General.

To obtain a Criminal Record Check, employees must complete the Consent to a Criminal Record Check form available from CSCL.

Once completed, submit this to the CSCL HR Department who will contact the Ministry of Public Safety and obtain the check.

The \$20 fee is paid by CSCL. Criminal Record Checks are required every 5 years.

Post-Hire / Probationary

- | | |
|--|---|
| <input type="checkbox"/> Valid First Aid/CPR Certificate | <input type="checkbox"/> I have attached a copy of my First Aid certificate |
| <input type="checkbox"/> FoodSafe™ Certificate | <input type="checkbox"/> I have attached a copy of my FoodSafe certificate |
| <input type="checkbox"/> Class 4 BC Driver's License <input type="checkbox"/> <i>Restricted</i> <input type="checkbox"/> <i>Unrestricted</i> | <input type="checkbox"/> I have attached a copy of my Class 4 license |

Declaration

I certify that all information in this application is true and complete. I understand that if any such information is at any time found to be false; such information may be cause for discharge or refusal of employment. I hereby authorize the Chilliwack Society for Community Living to discuss this application and my abilities, skills, qualifications and experience to determine my suitability for possible employment.

Signature of Applicant: _____ **Date:** _____

Please Note: A signature is required before an interview can be conducted.

We thank all applicants for their interest; however only those applicants selected for an interview will be contacted.

CSCL Employment Application
SOP: HR007 Employment Requirements
Revised: June 2011

Additional Comments:

