



## EMPLOYMENT APPLICATION FORM

Unless otherwise indicated, this is not considered an application for a specific position. Complete the form in its entirety.

Applicants return form to:

Chilliwack Society for Community Living

9353 Mary Street, Chilliwack, BC V2P 4G9

Tel: 792-7726 Fax: 792-7962

Email: [human.resources@cscl.org](mailto:human.resources@cscl.org)

### Application Requirements

- Applicants must be 19 years of age or older.
- Applicant will need to return/attach the following with the completed application form:
  - a. **Criminal Record Search**
  - b. **Doctor's Certificate** (form enclosed)
  - c. **Driving Record Abstract** (available at local Motor Vehicle Branch)
  - d. **Copy of current BC Class 5 Driver's License**
  - e. **TB Skin Test** (Contact Health Unit for an appointment, maybe subjected to a \$20.00 fee)
  - f. **Immunization Guidelines for Child and Health Care Workers** (form enclosed)
- If applying for Children's Services (in addition to above) will also need to complete a Provincial Criminal Record Review at time of Offer of Employment.
- Must be able to obtain the following within the Probationary Period:
  - a. **Class 4 Driver's License**
  - b. **First Aid/CPR Certificate** (meets or exceeds the level required by Community Licensing)
  - c. **Food Safe Certificate**

Priority consideration will be given to applicants who have already met the above requirements.

- Applicant must be fluent in both written and verbal English.
- Are you legally entitled to work in Canada? Yes  No
- Have you ever been convicted of a criminal offence that may give cause for concern relative to the job(s) applied for? Yes  No

Date of Application: \_\_\_\_\_ Job Posting # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Box/Apartment/Street

\_\_\_\_\_ City

\_\_\_\_\_ Province

\_\_\_\_\_ Postal Code

Preferred Contact Number/Method:

- Telephone
- Cell Phone #: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## MISSION STATEMENT

---

The Chilliwack Society for Community Living provides quality individualized supports for people with developmental disabilities and their families.

Do you have any relatives currently employed with CSCL? Yes  No   
 If yes, what is the relationship? \_\_\_\_\_

Do you have any relative(s) currently receiving services from CSCL? Yes  No   
 If yes, which program? \_\_\_\_\_

Have you ever been employed by CSCL? Yes  No   
 If yes, please provide dated, \_\_\_\_\_

What type of employment/work are you seeking?

Full-Time  Part-Time  Casual

Adult Day Services  Adult Residential  Children & Youth

With the understanding that CSCL provides 24-hr/7 day per week care for people we support, are you willing to take on "shift work" hours as assigned? Yes  No

Please mark an "X" in the times you are NOT available to work.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
7—3							
3—11							
11—7							

Are you willing to work overtime? Yes  No

If required, do you have a reliable vehicle that you would be willing to use for work?  
 Yes  No

Please indicate the date you are available to begin work: \_\_\_\_\_

Supporting people with disabilities often involves some transferring of individuals. Do you have any limitations in regards to your ability to lift?. Yes  No

If yes, please describe: \_\_\_\_\_

Describe any known allergies (eg. pets, foods) and any relevant limitations as a result.

Schools attended (list in chronological order)

Name of school	Location (city, province)	Date attended (from – to)	Degree and year received	Field of emphasis (major/minor)

Work History: List jobs held in chronological order commencing with your most recent position.

Date (Month, Year)	Employer and complete address (include supervisor)	Duties and Skills
From		
To		
Reason for leaving		
From		
To		
Reason for leaving		
From		
To		
Reason for leaving		
From		
To		
Reason for leaving		

Describe any volunteer opportunities you have had.

Date (Month, Year)	Employer and complete address (include supervisor)	Duties and Skills
From		
To		
From		
To		
From		
To		

May we contact your present and past employer(s) for a reference? Yes

Please list a minimum of three professional and a minimum of one personal reference (peer group, fellow employee, family friend) who are in a position to judge your general character, motivation and employment record and who can evaluate your qualifications for the work in which you are interested. DO NOT include close relatives. Include complete addresses with postal codes.

	Name	Address	Phone	Occupation
Professional	1			
	2			
	3			
Personal	1			

How did you first hear about Chilliwack Society for Community Living?

- College Recruitment   
  Professor/Teacher   
  CSCL Employee   
  Job Fair  
 Newspaper   
  Website   
  Other \_\_\_\_\_

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

---



---



---

What experience, if any, have you had living and/or working with people who have disabilities?

---

---

List below any special interests and/or abilities.

---

---

Please note that all positions are subject to the following:

- ❖ Completion of Application Package and all requested documentation.
- ❖ Successful interview and references.
- ❖ Prior to completion of Probationary Period, completion of basic First Aid/CPR, Food Safe, Class 4 Driver's License requirements.
- ❖ Successful completion of applicable orientation and training provided by CSCL.
- ❖ Successful completion of probationary period in accordance with Collective Agreement.

### **APPLICANT'S CERTIFICATION AND AGREEMENT**

#### **Freedom of Information/Protection of Privacy**

CSCL 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 CSCL.

#### **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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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



