



**FORT ST. JOHN ASSOCIATION
FOR COMMUNITY LIVING
10251 – 100 AVENUE
FORT ST. JOHN, BC V1J 1Y8**

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

TODAY'S DATE: _____ DATE AVAILABLE: _____

POSITION APPLIED FOR: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

TELEPHONE: _____ OTHER: _____

HOW DID YOU HEAR ABOUT OUR AGENCY?
AD IN PAPER WHICH PAPER? _____

OTHER: _____

YES NO

ARE YOU AT LEAST 19 YEARS OF AGE?

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA?

DO YOU CURRENTLY HOLD A VALID BC DRIVERS LICENSE?

IF YES, WHAT CLASS? _____

ARE YOU CAPABLE OF LIFTING AND TRANSFERRING CLIENTS MANUALLY?

ARE YOU ELEGIBLE TO WORK ON SHORT NOTICE

NIGHTS

DAYS

WEEKENDS?

DO YOU CURRENTLY HOLD A CERTIFICATE IN ST. JOHN AMBULANCE OR
RED CROSS STANDARD FIRST AID?

ARE YOU WILLING TO SUBMIT TO A CRIMINAL RECORD SEARCH?

ARE YOU RELATED TO ANYONE EMPLOYED BY THE ASSOCIATION OR ON THE
BOARD OF DIRECTORS?

COMPUTER SKILLS-MS OFFICE/WINDOWS

EDUCATION:

NAME OF SCHOOL OR TRAINING INSTITUTION	CITY AND PROVINCE	DATES ATTENDED	LENGTH OF PROGRAM	DIPLOMA CERTIFICATE OR DEGREE EARNED

ATTACH COPIES OF COLLEGE OR UNIVERSITY DIPLOMAS/CERTIFICATES/DEGREES

EMPLOYMENT HISTORY STARTING WITH THE MOST RECENT:

IF YOU HAVE OTHER EMPLOYMENT YOU WISH TO INCLUDE, PLEASE USE A SEPARATE SHEET.

DATES EMPLOYED	NAME OF EMPLOYER	ADDRESS AND PHONE NUMBER	PRINCIPLE DUTIES	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES NO

REFERENCES:

LIST THREE PEOPLE NOT RELATED TO YOU-TWO OF THESE REFERENCES MUST BE PAST EMPLOYERS, TEACHERS, OR VOLUNTEER CO-ORDINATOR.

NAME	MAILING ADDRESS	PHONE NUMBER	OCCUPAITON	RELATIONSHIP TO YOU

PLEASE INCLUDE ANY ADDITIONAL INFORMATION EXPERIENCE OR SKILLS THAT ARE RELEVANT TO WORKING IN THIS ORGANIZATION.

DECLARATION:

PLEASE READ CAREFULLY AND SIGN.

AS A CONDITION OF MY EMPLOYMENT, I AGREE THAT INFORMATION GIVEN BY ME IN THIS APPLICATION IS AN ACCURATE STATEMENT OF FACTS AND GIVE PERMISSION TO THE FORT ST. JOHN ASSOCIATION FOR COMMUNITY LIVING TO OBTAIN INFORMATION RELEVANT TO THIS POSITION FROM MY REFERENCES LISTED IN THIS APPLICATION OR IN MY RESUME.

SIGNATURE

DATE

Fort St. John Association for Community Living

Please take time to answer the following questions:

What do you think the role of the residential care worker entails?

What does confidentiality mean to you, and why is it important?

What does the following statement mean to you:

Working with individuals, families and the community we educate, advocate and provide quality services for those with developmental disabilities to ensure opportunities in all areas of their lives.
