

EMPLOYMENT APPLICATION

PLEASANT VIEW HOUSING SOCIETY 1980

7530 Hurd Street, Mission BC

Telephone: 604.826.2154 Fax: 604.826.2024

Office to Complete

Date Received: _____

Date Interviewed: _____

N@TT: _____

RC: _____

The Human Rights codes prohibits discrimination in employment because of race, national or ethnic origin, citizenship, religion, age, sex or sexual orientation, marital or family status, handicap, disability, language, or record of offenses unrelated to the employment being apply for. Pleasant View is an EQUAL RIGHTS EMPLOYER.

PERSONAL

Name: _____
Last First Middle Initial

Present Address: _____
Street City Province Postal Code

Permanent Address: _____
Street City Province Postal Code

Contact Numbers _____
Home Cell

Email Address: _____

Position Applied For: _____

Advertised In: _____

Do you personally know anyone working at Pleasant View? Yes No If yes, who? _____

What languages do you speak? _____

What is your long term employment goal? _____

Full Time: Part Time: Casual

Days and times available: Days Evenings: Nights: Short Call:

Have you applied with us before: Yes No Were you interviewed: Yes No

Have you worked with us before: Yes No If yes, when: _____

If hired, on what date will you be available to start work: _____

Are you legally entitled to work in Canada: Yes No

GENERAL HEALTH

I have reviewed the Job Description and understand the details of the job I am applying for:

Yes No

Do you have any health concerns that might prevent you from working in the capacity of team leader in this facility?

Yes No

If yes, please specify: _____

EMPLOYMENT HISTORY

ORGANIZATION	POSITION HELD	DATES	REASON FOR LEAVING

Have you listed all sources of employment in the past ten (10) years? Yes No

EDUCATION		
Elementary/High School: Final grade completed _____ Year: _____		
College, Technical Institute or University		
Name of Institution	Diploma/Degree/Credits	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
Do you have a current Food Safe Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Issue? _____		

For Health Care Applicants Only: HCW Registry # _____			
Do you have a certificate in mental health training? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes from what school? _____ If no, do you have direct experience working with adults with mental illness? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, # of years: _____	Driver's license, class 4 restricted or better? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a novice driver? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a clean driving record? Yes <input type="checkbox"/> No <input type="checkbox"/> If no explain: _____	A valid first aide certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, expiry date: _____

REFERENCES: Please provide names and position of present/previous employers or immediate supervisors whom we may contact for references.			
Name: _____	Direct Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Office Phone#: _____	cell: _____
Organization: _____			
Email: _____			
Name: _____	Direct Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Office Phone#: _____	cell: _____
Organization: _____			
Email: _____			
Name: _____	Direct Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Office Phone#: _____	cell: _____
Organization: _____			
Email: _____			

I consent to Pleasant View Housing Society collecting my personal information for purposes of the Team Member-Employer relationship and to contact my references above to help determine my suitability for employment.

I certify that the information given on this form as well as in my resume and any other supporting documents is complete and true. I understand that any misstatements or omission of facts will cause forfeiture of all rights to employment.

Signature: _____

Date: _____