

EMPLOYMENT APPLICATION

PLEASANT VIEW HOUSING SOCIETY 1980

7530 Hurd Street, Mission BC

Telephone: 604.826.2154 Fax: 604.826.8672

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 applied for. Pleasant View is an EQUAL RIGHTS EMPLOYER.

PERSONAL

Name: _____
Last First Middle Initial

Present 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? _____

What level of employment are you looking for: Full Time Part Time Casual

Days and times available: Days Evenings Nights Short Call

Have you applied with us before: Yes No If yes, 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

Do you have any health concerns that might prevent you from working in the capacity of the position applied for in this facility:

Yes No

If yes, please specify: _____

Are you willing to abide by the Public Health Officer's recommendations for immunizations such as influenza and COVID-19:

Yes No

Are you currently fully immunized for COVID-19: Yes No

Are you able to provide proof of immunization for COVID-19: Yes No Influenza: Yes No

OVER →

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 No If yes, date of issue: _____

For Health Care Applicants Only:

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: _____	Do you have a valid first aide certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, expiry date: _____ HCW Registry# _____
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REFERENCES: Please provide names and position of present/previous employers or immediate supervisors whom we may contact for references.

Name: _____ Organization: _____

Direct Supervisor? Yes No If no, what is their relationship to you? _____

Office Phone #: _____ Cell: _____ Email: _____

Name: _____ Organization: _____

Direct Supervisor? Yes No If no, what is their relationship to you? _____

Office Phone #: _____ Cell: _____ Email: _____

Name: _____ Organization: _____

Direct Supervisor? Yes No If no, what is their relationship to you? _____

Office Phone #: _____ Cell: _____ Email: _____

I, _____, consent to Pleasant View Housing Society collecting my personal information for the purposes of the Team Member-Employer relationship and to contacting 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: _____