

Instructions:

Please complete all sections as thoroughly as possible, and attach a current resume. The information collected on this Application will be used to assess your qualifications. All information provided will be considered confidential.

Personal Information:

Applicant Name (last, first, and initial)	Date	
Street Address	Mailing Address if different from Street Address	
City, Province	Postal Code	
Home Telephone Number	Business Telephone Number	Messages/Cellular/Pager Number

Were you previously employed by NACL? Yes No If yes, dates from: _____ to _____

Employment Objectives:

Position Desired	Date Available for Work
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If you are applying for a casual/on-call position, what days and hours do you anticipate being available to work?

Skills/Experience:

Do you have current first aid certification? Yes No Level/type: _____

Do you have a valid BC driver's license? Yes No Class: 1 2 3 4 5 7

Would you be prepared to provide your Driving Record Abstract? Yes No

Have you any previous experience working with people with developmental disabilities? Yes No

If yes, please specify:

Education/Training:

(Please attach photocopies of relevant post-secondary certificates/diplomas/degrees.)

	Name	Length of Program (e.g. 6 months, 1 year, 2 years, etc.)	Date Completed (month and year)	Grade Level Completed and/or Certificate Received
Secondary/High School				
College/University				
Trade and/or Technical				
Other (courses, certificates)				

Please note any other relevant qualifications below (i.e. WHMIS, Foodsafe, other workshops):

Employment History: *(Start with your present or most recent employer.)*

1

Employer

Address (City)

Period Worked From (month and year)

To (month and year)

Job Title and Job Duties

2

Employer

Address (City)

Period Worked From (month and year)

To (month and year)

Job Title and Job Duties

3

Employer

Address (City)

Period Worked From (month and year)

To (month and year)

Job Title and Job Duties

Professional References:

(Please include THREE references, at least TWO being current and/or previous supervisors. A character reference can be used for the third reference if necessary. By signing this Application, you are giving permission to NACL to contact the references listed below.)

Name	Company Name	Relationship (i.e. Supervisor, Co-worker, etc.)	Telephone Number
1)			
2)			
3)			

Additional Information:

Declaration:

I, the undersigned, certify that the statements made by me on this Application are true and complete to the best of my knowledge. I understand and agree that if any such information is at any time found to be false, such information may be cause for dismissal. I understand that by signing this Application, I authorize NACL to collect information from my references regarding employment dates, job responsibilities, performance, attendance, and other job-related information. I further authorize NACL to confirm educational credentials. I understand that all information on this Application will be kept confidential.

Signature

Date