



Application for Employment

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

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 at least two references from current and/or previous supervisors. 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