



## APPLICATION FOR EMPLOYMENT

3861 Cedar Hill Cross Road, Victoria, B.C. V8P 2M7  
 Ph: (250) 477-7231 Fax: (250) 477- 6944. e-mail: info@clvic.ca

Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
#/Street/Avenue City Prov. Postal Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please provide the following information if you have a direct relative\* or share the same household with an individual employed by Community Living Victoria.*

Name/Relationship:	Work Site/Home or Program:	Position:
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*Please complete the space below if you were referred by an existing CLV employee?*

Name:	Work Site/Home or Program:	Position:
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Are you currently in Canada on a work or student visa?      Yes       No

**EDUCATION/TRAINING:**

	Name and Location	Year Attended From      To	Diploma or Degree	Program or Courses Completed
High School				
University/ College				
Other (specify)				

Do you have any of the following courses?

Food Safe      Yes       No

Basics of Medication      Yes       No

Positive Behaviour Interventions Training      Yes       No

Professional Associations, Memberships and Community/Volunteer Involvement:

**RECORD OF EMPLOYMENT: (last three positions held)**

Position:	From: To:	Name of Employer:
Duties:		
Position:	From: To:	Name of Employer:
Duties:		
Position:	From: To:	Name of Employer:
Duties:		

Have you excluded any current or previous employers from the list above? Yes  No

If yes, for what reason?

**REQUIREMENTS FOR EMPLOYMENT:**

Do you possess the following?

1. Current Criminal Record Check (Solicitor General)? Yes  No
2. Valid First Aid certificate? Yes  No  Expiry Date: \_\_\_\_\_  
Y M D
3. Tuberculosis screen? Yes  No   
*(Within the last 12 months)*
4. a. Valid BC Drivers licence? Class 7 (Learners)  Class 5  Class 4  Other
- b. If you do NOT have a Class 4 license, are you willing to obtain one within 6 months of employment? Yes  No
- If no, please explain*
- c. If you have a Class 7 license, please indicate the date you will be eligible for your class 5 licence: \_\_\_\_\_  
Y M D
5. Clear Driver's Abstract? Yes  No

6. Clear Certificate of Wellness from your physician  
(Acquired in the last 6 months)

Yes

No

**REFERENCES:**

(Please provide three references from previous employers (must have supervised you))

Employer	Address/Phone Number/E-mail	Name of Person to Contact

**ON-CALL (CASUAL) AVAILABILITY:**

1a. Select the shifts you are available for:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Days							
Evenings							
Awake Nights							

2a. Do you anticipate a change to your availability in the near future?

Yes

No

b. If yes, please explain:

**CERTIFICATE:** *Note: this application is not valid unless signed by the applicant. Please read carefully before signing.*

I certify that the information provided in this application or attachment/resume is true and complete. I understand that if any information in this application or attachment/resume is found to be untrue and incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_