

Application for Employment

Penticton and District Society for Community Living
180 Industrial Avenue West
Penticton, BC V2A 6X9

INSTRUCTIONS: PLEASE COMPLETE IN FULL.

ENSURE THAT YOU HAVE READ AND SIGNED THE DECLARATION FOR EMPLOYMENT ON LAST PAGE

Position
Applying For:

Competition# _____
Job Title: _____

Note: Complete one application
form per competition #

Name: _____									
Last			First			Middle			
Mailing									
Address: _____									
No.		Street			City		Postal Code		
Telephone									
Home: _____			Cell: _____			Other: _____			
Position Desired:									
<input type="checkbox"/> Full -Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual									
Please provide your weekday hours availability below:									
	All Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Morning									
Afternoon									
Evening									
Night									
Do you have any relatives working PDSCL?				Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If yes, name(s): _____									
Have you ever been employed by PDSCL?						Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes indicate:									
Dates of Employment: _____									
Position/Department: _____									

EDUCATION AND TRAINING

	Name & location of institution	Number of years completed	Field of Study	Grade/Diploma/Degree and year completed
High School/GED				
Commercial, Trade or Technical Training				
Undergraduate College/University				
Graduate/Professional				
Other Continuing Education				
Professional Qualifications/ Memberships/Licenses if applicable:				

SPECIALIZED SKILLS

A. DO YOU HAVE EXPERIENCE OR TRAINING

Personal Care Tube Feeding Medication Administration Catheter Care
 Filling oxygen tanks Working with Youth Installing eye drops

B. COMPUTER SKILLS:

Microsoft Word Excel Microsoft Publisher
 Please specify computer systems you have worked with, courses you have taken and your working knowledge of computer software:

C. TRADES/MAINTENANCE SKILLS:

D. LANGUAGE SKILLS: Spoken: _____ Written: _____

E. If you are applying for a position requiring a driver's license, please complete the following:

Do you have a valid driver's license? Yes No Class: _____ Province: _____

F. Do you have? CPR/First Aid Certificate? Yes No

G. Do you have WHIMIS Training? Yes No

H. Do you have Non Violent Crisis Intervention Training? Yes No

PREVIOUS EMPLOYMENT

(begin with most recent)

Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:

Duties:

Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:

Duties:

Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Salary:

Duties:

REFERENCES

List three persons, other than relatives or personal friends, who can judge your work ability.

NAME	COMPANY	POSITION	TELEPHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

May we contact your present employer for a reference? Yes No Previous Employers? Yes No

If no, please state reasons: _____

Please use this space to enlarge upon other relevant information, skills, education, training, previous employment, special achievements, job interests, volunteer work, hobbies, or any additional information that you feel should be added to this application.

If you wish to attach your resume, please do so. RESUME ATTACHED

Declaration:

It is understood and agreed that the Penticton and District Society for Community Living may at any time seek verification of the above and further information in considering my suitability for any position, or benefits, with PDSCL. I hereby request and authorize anyone approached by PDSCL, its employees and agents, to provide them with any and all information requested to the best of their ability. I hereby release the Society, its employees and agents, and anyone providing information pursuant to a request from the Society to provide information about me, from any and all claims whatsoever which may arise as a result of the release of such information. I understand and agree that any omission, false or misleading statement may disqualify me from employment, or result in dismissal. A photographic copy of this authorization shall be as valid as the original.

Date

Signature of Applicant

Thank you for taking the time to complete this application and for your interest in the Penticton and District Society for Community Living.