



# ALBERNI-CLAYOQUOT CONTINUING CARE SOCIETY

Fir Park Village / Echo Village  
4411 Wallace Street, Port Alberni, BC V9Y 7Y5  
(250) 724-6541 / (250) 724-1090



## APPLICATION FOR EMPLOYMENT

(Please complete all sections in full)

<b>PERSONAL INFORMATION</b>				
SURNAME:	FIRST	MIDDLE	Home Phone:	Cell or Pager No.
STREET ADDRESS			Email:	
CITY OR TOWN	PROVINCE	POSTAL CODE	ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>POSITION APPLIED FOR</b>				
POSITION(S) APPLYING FOR: 1. _____ 2. _____				
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> CASUAL	DATE AVAILABLE TO START WORK _____	
SHIFTS AVAILABLE FOR: <input type="checkbox"/> DAYS		<input type="checkbox"/> EVENINGS	<input type="checkbox"/> NIGHTS	<input type="checkbox"/> ALL SHIFTS
			SHORT NOTICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE AND POSITION: _____				

<b>EDUCATION</b>					
	NAME & LOCATION OF INSTITUTION ATTENDED	DATES ATTENDED FROM	TO	CERTIFICATE OBTAINED	PROGRAM
LAST GRADE SUCCESSFULLY COMPLETED <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12					
COLLEGE					
UNIVERSITY					
SCHOOL OF NURSING					
OTHER TRAINING OR EDUCATION					
ARE YOU ATTENDING SCHOOL NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO INSTITUTION _____ COURSE OR AREA OF SCHOOLING _____					

<b>EMPLOYMENT SKILLS / CERTIFICATIONS</b>				
<b>RESIDENT CARE</b>				
CURRENT BC REGISTRATION: <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> BC CARE AID REGISTRY NUMBER _____		
		<input type="checkbox"/> CLPNBC REGISTRATION NUMBER _____		
		<input type="checkbox"/> CRNBC REGISTRATION NUMBER _____		
<b>SUPPORT SERVICES (Proof of Certification will be required)</b>				
<input type="checkbox"/> COMMERCIAL COOK TRAINING (Level _____)	<input type="checkbox"/> WHMIS	<input type="checkbox"/> FOOD SAFE	<input type="checkbox"/> CLEANING - INSTITUTIONAL	
<b>CLERICAL (Proof of Certification will be required)</b>				
<input type="checkbox"/> RECEPTIONIST	<input type="checkbox"/> ACCOUNTING	<input type="checkbox"/> PAYROLL	<input type="checkbox"/> UNIT CLERK	
<input type="checkbox"/> SCHEDULING	<input type="checkbox"/> KEYBOARDING _____ WPM			
<input type="checkbox"/> COMPUTER SKILLS / SOFTWARE _____				

<b>WORK HISTORY - (START WITH MOST RECENT POSITION)</b>				
NAME OF EMPLOYER:		ADDRESS OF BUSINESS		
SUPERVISOR'S NAME & TITLE:		SUPERVISOR'S PHONE AND EMAIL ADDRESS:		
YOUR POSITION TITLE AND DUTIES:		DATES EMPLOYED (D/M/Y) FROM: _____ TO: _____ HOURS/WEEK		
REASON FOR LEAVING:		MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**WORK HISTORY – (CONT'D.)**

NAME OF EMPLOYER:	ADDRESS OF BUSINESS
SUPERVISOR'S NAME & TITLE:	SUPERVISOR'S PHONE AND EMAIL ADDRESS:
YOUR POSITION TITLE AND DUTIES:	DATES EMPLOYED (D/M/Y) FROM: _____ TO: _____ HOURS/WEEK
REASON FOR LEAVING:	MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF EMPLOYER:	ADDRESS OF BUSINESS
SUPERVISOR'S NAME & TITLE:	SUPERVISOR'S PHONE AND EMAIL ADDRESS:
YOUR POSITION TITLE AND DUTIES:	DATES EMPLOYED (D/M/Y) FROM: _____ TO: _____ HOURS/WEEK
REASON FOR LEAVING:	MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF EMPLOYER:	ADDRESS OF BUSINESS
SUPERVISOR'S NAME & TITLE:	SUPERVISOR'S PHONE AND EMAIL ADDRESS:
YOUR POSITION TITLE AND DUTIES:	DATES EMPLOYED (D/M/Y) FROM: _____ TO: _____ HOURS/WEEK
REASON FOR LEAVING:	MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF EMPLOYER:	ADDRESS OF BUSINESS (INCLUDE POSTAL CODE)
SUPERVISOR'S NAME & TITLE:	SUPERVISOR'S PHONE AND EMAIL ADDRESS:
YOUR POSITION TITLE AND DUTIES:	DATES EMPLOYED (D/M/Y) FROM: _____ TO: _____ HOURS/WEEK
REASON FOR LEAVING:	MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

**PLEASE READ CAREFULLY**

- I certify that all information in this application is correct and complete to the best of my knowledge and understand that any misrepresentation made by me in connection with this application will be just and sufficient cause for rejection of this application.
- I understand that if hired, I will be required to serve a probationary period.
- If employed, I agree to abide by all the policies of the Alberni-Clayoquot Continuing Care Society (Fir Park Village / Echo Village) and that any breach of said policies may result in dismissal. In addition, if I am offered employment I agree to sign a confidentiality acknowledgment as a condition of my employment.
- I understand that any job offer will be conditional upon the consent to and the result of a criminal record check where applicable.
- I hereby consent and authorize Fir Park Village / Echo Village or it's delegate to obtain reference information from my present and/or previous employer(s) and/or education facilities and that no act of libel or damages shall be instigated by me against same by the release of such information.
- Please note: Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of your application for employment.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_