

APPLICATION FORM

e-mail: humanresources@clstcatharines.ca

Please check your area of interest:

- Administration Residential Supports
(Group Homes for Adults) Therapeutic Support
(Day Program for Adults)

Please Print Clearly

PERSONAL INFORMATION

NAME: _____ Telephone: _____
(Last Name) (First Name) (Residence)
Cell No. _____ Telephone: _____
(Business)

HOME ADDRESS: _____

City/Town: _____ Province _____ Postal Code _____

Are you legally eligible to work in Canada? Yes No

EDUCATION AND TRAINING

Circle Years Completed

Grade 12 Yes No College: 1 2 3 University: 1 2 3 4 5

Certificate Yes No Major Subject _____

Diploma Yes No Major Subject _____

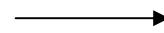
Degree Yes No Major Subject _____

OR Working Toward a: Degree Diploma Certificate

Major Subject: _____

Describe other courses/workshops/training you have taken:

Describe any relevant skills, and/or experience you will bring to the agency:



ADDITIONAL INFORMATION

Do you have a Driver's License? Yes No Classification: _____

Do you have your own vehicle? Yes No - Do you have access to a vehicle? Yes No

Have you ever been employed or volunteered for Community Living St. Catharines? Yes No

If Yes: In what capacity _____ Program: _____ Supervisor _____

Are you presently employed? Yes No When would you be available for work
Immediately or _____

RELATED PREVIOUS EMPLOYMENT/VOLUNTEER HISTORY

Please list your most RECENT employment FIRST

(Please print clearly)

Started Mo	Yr	Left Mo	Yr	Employer	Position/Job Duties	Reason for Leaving

Have you ever been convicted of a criminal offence for which a pardon was not granted? yes no

Do you have relatives or friends who are being supported by Community Living St. Catharines? yes no

Do you have relatives or friends employed or volunteer for Community Living St. Catharines? yes no

If yes: what is their relationship to you? *(Please specify; brother/sister/niece; etc).* _____

A Job Description will be provided during the interview as part of our application process. Please review this carefully.

Please check how you learned about our vacancies.

Newspaper HRDC Job Bank Brock University Job Bank Family Member Co-worker

CLSC Employee CLSC Website Other _____ *(please describe)*

APPLICANT CERTIFICATION AND AGREEMENT (Please read carefully)

I HEREBY DECLARE that the foregoing information, to my knowledge, is true and complete.

I UNDERSTAND that a false statement may disqualify me for employment, or may result in dismissal.

I CONFIRM I have been given a copy of the Job Description to read. **I UNDERSTAND** that upon hire, I will be required to have a medical assessment completed to confirm my suitability and ability to perform the essential duties of the position.

Signature

Date