



**Employment Application / On-Call Community Living Support Worker**

\_\_\_\_\_  
Last Name    First Name    Initial    Telephone #

\_\_\_\_\_  
Street/Post Office Box #                          City/Town                          Postal Code                          Email Address

Email address: \_\_\_\_\_

1. C.D.S.C.L. is a seven day a week/24 hour a day operation. Are you prepared to work:  
Any shift? (day, evening, night) Yes \_\_\_\_\_ No \_\_\_\_\_ Any day of the week? Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, please explain: \_\_\_\_\_
2. If you are hired when are you prepared to start? \_\_\_\_\_
- 3 A Regular Drivers License (**Class 5**) is required. Do you have a valid **Class 5** License?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (**Photocopy required**).
4. a) A Class 4 Drivers License (License to drive a wheelchair van) **is required** within 5 months of your hiring date. Do you currently hold a Class 4 Driver’s License? Yes \_\_\_\_\_ No \_\_\_\_\_  
b) If no, are you prepared to obtain a Class 4 Driver’s License within 5 months? Yes \_\_\_\_\_ No \_\_\_\_\_
5. C.D.S.C.L. Policy prohibits relatives being directly supervised by a relative. Are you related to a C.D.S.C.L. employee? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of relative: \_\_\_\_\_
6. Are you able to legally sign official documents (19 years of age)? Yes \_\_\_\_\_ No \_\_\_\_\_
7. A valid First Aid/CPR Certificate is required prior to hiring (WCB approved).  
Do you have a valid First Aid/CPR Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, state Expiry Date: \_\_\_\_\_

**Education**

C.D.S.C.L. requires a minimum Grade 12 or GED of all employees:

High School/College attended: \_\_\_\_\_ Grade 12 \_\_\_\_\_ GED \_\_\_\_\_

Check any Courses/Certificates that may assist in your application:

Human Service Worker Certificate \_\_\_ Food Safe \_\_\_ WHIMIS \_\_\_ Non-violent Crisis Intervention: \_\_\_

Others: (List) \_\_\_\_\_

C.D.S.C.L. has a training course that all employees must complete within a specified time. Are you prepared to take this course? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any other qualifications, experience or volunteer experience that may be related employment at C.D.S.C.L.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us why you are applying for employment at C.D.S.C.L.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a Criminal Record? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are there any medical issues that would affect your ability to perform your duties? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If yes on either of the above please provide details on a separate sheet.)*

*Continued on reverse.*

Form 7.1a



**Current Employer:**

Name of Current Employer	Address	Phone Number	
Your Job Title	Starting date/Salary	Date left	Ending Salary

Reason for Leaving: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ May be contacted: Yes \_\_\_\_\_ No \_\_\_\_\_

**Previous Employers:** (Attach additional sheet if required)

1.

Name of Employer	Address	Phone Number	
Your Job Title	Starting date/Salary	Date left	Ending Salary

Reason for leaving: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ May be contacted: Yes \_\_\_\_\_ No \_\_\_\_\_

2.

Name of Employer	Address	Phone Number	
Your Job Title	Starting date/Salary	Date left	Ending Salary

Reason for leaving: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ May be contacted: Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

Provide three references: two references from your most recent employers or educational institutions attended and one personal reference from a citizen of the Creston community. (Not a relative)

Name	Address	Occupation	Telephone Number
1. _____			
2. _____			
3. _____			

**Security/Health Regulations**

Prior to employment all applicants must obtain the following:

- 1) Criminal Records Check (form to be provided)
- 2) T.B. Skin Test (as per Licensing Requirements)
- 3) Medical Report (Form available at the Office)
- 4) Current First Aid/CPR Certificate (Copy required)
- 5) Driver's Abstract (From ICBC agent)

**Statements of Acknowledgement (Please initial and sign below)**

*I have read the attached Job Description and understand the basic requirements of the job. Initial: \_\_\_\_\_*

*I understand that all of the above information is taken as truth, that any conflicting evidence will result in my dismissal if hired and that false information is sufficient reason for me not to be hired.*

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

\_\_\_\_\_  
Date

\*\*\*\*\*

CDSCL complies with BC's new privacy legislation. CDSCL policies and procedures regarding confidentiality and privacy issues comply fully with the Personal Information Protection Act (PIPA).