

Application for Employment

Date of Application: _____ Posting # (if applicable) _____
 First Name: _____ Last Name: _____
 Address: _____ City: _____ Postal Code: _____
 Contact Phone: _____ Email: _____

Conditions of Employment and General Information

Are you legally eligible to work in Canada? yes no Are you at least 19 years of age? yes no

Citizenship: Canadian Citizen Permanent Resident Applying to work with: Adults Children

Are you fluent in English (written and verbal) yes no

Have you ever been convicted of a criminal offense and/or received a pardon? yes no

Please note that our MACL background check encompasses a vulnerable sector check and may involve reviewing publicly available online information.

Do you have:

A BC Driver's License? Class # _____ A reliable vehicle for work (would you use your vehicle for work)? yes no

Emergency First Aid with CPR _____ Exp. Date _____ Food Safe yes no NVC (MANDT, CPI) yes no

Availability

Date available: _____ Are you interested in: Full-time Part-time Casual Seasonal/Temporary

Are you currently employed? yes no If yes, where? _____ What shifts? _____

Do you have any scheduled vacation plans or time off in the next 6 months to a year? yes no When? _____

In the table below, please indicate with a ✓ where you are available to work. Please note that priority is given to applicants with full availability.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days: 7am – 3pm							
Evenings: 3pm – 11pm							
Overnights (awake): 11pm – 7am							
Availability Comments:							

Training/Education (Please begin with the most recent)

1. Name and Location of School: _____ Dates attended (MMYY) _____

Degree/Certificate/Diploma completed _____ Field of Emphasis _____

2. Name and Location of School: _____ Dates attended (MMYY) _____
Degree/Certificate/Diploma completed _____ Field of Emphasis _____

Employment History (Please begin with most recent)

1. Current/Last position title: _____ Company: _____

Responsibilities: _____

Dates of Employment: _____ Reason for Leaving: _____

Supervisor Name: _____ Phone # _____ May we contact them? yes no

2. Current/Last position title: _____ Company: _____

Responsibilities: _____

Dates of Employment: _____ Reason for Leaving: _____

Supervisor Name: _____ Phone # _____ May we contact them? yes no

3. Current/Last position title: _____ Company: _____

Responsibilities: _____

Dates of Employment: _____ Reason for Leaving: _____

Supervisor Name: _____ Phone # _____ May we contact them? yes no

Additional Information

- Supporting people with disabilities often involves lifting and transferring. Describe any limitations you may have in you ability to lift and transfer _____
Or "I have no limitations in regards to my ability to lift or transfer" Initial if this statement is true _____
- Do you have any relatives that work for MAACL? yes no If yes, who? _____
- Do you have any relatives receiving services from MAACL? yes no If yes, who? _____
- Have you ever been employed my MAACL before? yes no If yes, which program? _____
- Have you ever worked for another Community Living agency before? yes no Which? _____
- Have you applied to MAACL before? yes no

Declaration

I certify that all information in this application is true and complete. I understand that if any such information is at any time found to be false; such information may be cause for discharge or refusal of employment. I hereby authorize the Mission Association for Community Living to discuss this application and my abilities, skills, qualifications, and experience to determine my suitability for possible employment.

Signature of Applicant: _____ Date: _____

Please Return to:
Mission Association for Community Living
33345 Second Ave. Mission, BC V2V 1K4
Tel: 604-826-9080 Fax: 604-826-9611
www.missionacl.org macl@macl.bc.ca

How did you hear about us?

- MAACL Website Craigslist Indeed School _____
 MAACL Employee Other: _____