

**Powell River Association for
Community Living**

PRACL – HR 6.2.A

APPLICATION FOR EMPLOYMENT

Date Received: _____

By: _____

Please complete all sections. If you are submitting a resume, complete personal information and any sections not covered on your resume.

PERSONAL INFORMATION

___ Mr. ___ Mrs. ___ Ms. ___ Miss _____
Family Name First Other

Address _____
Number Street Apartment

_____ City, Town, etc. Province Postal Code

Phone: Home: _____ E: Mail: _____

Work: _____

Are you over 19 years of age? Yes [] No []

Please indicate if you have a valid BC Driver's License? Yes [] No []

BC Driver's License Class _____

Applying for Position of: _____

WORK HISTORY:

Are you presently employed? _____ Yes _____ No

How soon could you be available to start work? _____

Please list below the position you now hold, and the positions you have held. Start with your most recent position.

a) Dates: From _____ To _____

Company _____

Phone No.: _____

Position Held _____

Immediate Supervisor's Name & Title _____

Duties and Responsibilities _____

Reason for leaving _____

b) Dates: From _____ To _____

Company _____

Phone No.: _____

Position Held _____

Immediate Supervisor's Name & Title _____

Duties and Responsibilities _____

Reason for leaving _____

c) Dates: From _____ To _____

Company _____

Phone No.: _____

Position Held _____

Immediate Supervisor's Name & Title _____

Duties and Responsibilities _____

Reason for leaving _____

EDUCATION HISTORY

a) Secondary School & Location _____

Years in attendance _____; Grade completed _____; Years _____

Stream ____ Academic ____ Business/Commercial ____ Technician/Vocation ____

b) College and Location _____
Course _____ Specialty _____ Part-time
Qualifications obtained _____ Year _____ Full-time
Special Activities & Honours _____

c) University and Location _____
Course _____ Specialty _____ Part-time
Qualifications obtained _____ Year _____ Full-time
Special Activities & Honours _____

d) Post-graduate Studies at _____
Course _____ Specialty _____
Completion (expected) _____
Are you currently taking courses? _____ Yes _____ No

If yes, please give details _____

Special training and skills _____

VOLUNTEER PLACEMENTS

Please provide us with the names of relatives, spouse, significant others, currently employed by The Powell River Association for Community Living:

What languages do you	Speak	Read	Write
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list additional information you feel important in assessing your suitability for employment

REFERENCES

	Name	Phone No.:
1)	_____	_____
2)	_____	_____
3)	_____	_____

Additional comments: _____

CONDITIONS OF EMPLOYMENT

Please indicate if you currently meet the following conditions of employment:

- Criminal Record Check _____
- First Aid Certificate _____
- Doctor's letter indicating fit to work _____
- Class 4 (unrestricted license) _____
- TB Test _____

DECLARATION

I acknowledge that the information I have supplied as part of my application for employment is true and accurate to the best of my knowledge. I understand that any misrepresentation in this application may be cause for dismissal. I hereby authorize the Powell River Association for Community Living to contact any of the references listed above as well as any employers, volunteer agencies or educational institutions provided by me as part of my application for employment.

Name (please print)

Signature

Date