

VANCOUVER RESOURCE SOCIETY

SUITE #310 – 2006 WEST 10th AVENUE, VANCOUVER, B.C. V6J 2B3 PHONE: (604)731-1020 FAX:(604)731-4003

APPLICATION FOR EMPLOYMENT

RESIDENTIAL CARE ATTENDANT (RCA)

PROGRAM WORKER

NAME: _____ DATE: _____
ADDRESS: _____ POSTAL CODE: _____
PHONE: _____ MESSAGE: _____ S.I.N. #: _____

PLEASE INDICATE HOW YOU BECAME AWARE OF THE POSITIONS YOU ARE APPLYING FOR:

EMPLOYMENT CENTRE: NEWSPAPER: PUBLICATION: FRIEND: SCHOOL: INTERNET:

PLEASE INDICATE THE SHIFTS YOU ARE AVAILABLE TO WORK:

MORNINGS _____ EVENINGS _____ NIGHTS _____ SATURDAYS _____ SUNDAYS _____

LIST ANY MEDICAL RESTRICTIONS YOU MAY HAVE WHICH WOULD INTERFERE WITH OUR JOB. (WORK MAY INCLUDE TRANSFERRING AND LIFTING CLIENTS, BENDING, CLEANING, STANDING FOR LONG PERIODS OF TIME, AND DEALING WITH VERBALLY AND/OR PHYSICALLY AGGRESSIVE CLIENTS). _____

DO YOU HAVE A HISTORY OF BACK INJURY? YES _____ NO _____ SPECIFY CONDITION _____

NOTE: OFFERS OF EMPLOYMENT ARE CONDITIONAL UPON SUCCESSFUL COMPLETION OF A PRE OR POST-EMPLOYMENT MEDICAL (INCLUDING A T.B. TEST). SUBJECT TO THE EMPLOYER'S REQUIREMENTS AND AT THE APPLICANT'S EXPENSE, WHICH REVEALS NO MEDICAL IMPEDIMENTS TO THE PERFORMANCE OF DUTIES.

EDUCATION: (PLEASE PROVIDE DOCUMENTARY EVIDENCE OF CERTIFICATES OBTAINED)

HAVE YOU OBTAINED A GRADE 12 DIPLOMA? YES NO PLEASE LIST WHAT LEVEL AND SCHOOL BELOW

NAME OF INSTITUTION	COURSE OF STUDY	HIGHEST LEVEL OBTAINED	ATTENDED FROM/TO
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HIGH SCHOOL			
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COLLEGE/UNIVERSITY

OTHER

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY VANCOUVER RESOURCE SOCIETY? _____

LIST ANY FRIENDS/RELATIVES WORKING FOR US: _____

DO YOU HAVE A DRIVER'S LICENSE: _____ HOW LONG HAVE YOU HAD YOUR DRIVER'S LICENSE: _____

DO YOU HAVE A CLASS 4 DRIVER'S LICENSE: _____ ARE YOU WILLING TO GET A CLASS 4 DRIVER'S LICENSE: _____

DO YOU HAVE A STANDARD FIRST AID CERTIFICATE: _____ EXPIRY DATE: _____

ARE YOU WILLING TO UNDERGO A CRIMINAL RECORDS CHECK? YES _____ NO _____ ARE YOU BONDABLE? YES _____ NO _____

ARE YOU CURRENTLY WORKING AT ANOTHER JOB? YES _____ NO _____ IF YES, HOW MANY HOURS ARE YOU CURRENTLY WORKING A WEEK? _____

LANGUAGES SPOKEN: _____

EMPLOYMENT RECORD (LIST THE LAST TWO PRESENT OR MOST RECENT EMPLOYERS)

COMPANY NAME _____ SUPERVISOR: _____

ADDRESS: _____ PHONE: _____

POSITION HELD: _____ STARTED: _____ FINISHED: _____

DESCRIPTION OF DUTIES:

REASON FOR LEAVING: _____

COMPANY NAME _____ SUPERVISOR: _____

ADDRESS: _____ PHONE: _____

POSITION HELD: _____ STARTED: _____ FINISHED: _____

DESCRIPTION OF DUTIES:

REASON FOR LEAVING: _____

VOLUNTEER WORK AND OTHER RELATED EXPERIENCE:

ORGANIZATION: _____

FROM: _____ TO: _____ DUTIES: _____

ARE THERE ANY OTHER EXPERIENCE OR SKILLS WHICH YOU FEEL WOULD ESPECIALLY PREPARE YOU FOR THIS POSITION? _____

REFERENCES: (GIVE THE NAMES OF 3 EMPLOYERS. RECENT STUDENTS MAY USE TEACHERS AS BUSINESS REFERENCES).

NAME	OCCUPATION	YEARS KNOWN	TELEPHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____

MAY WE CONTACT YOUR CURRENT/PREVIOUS EMPLOYERS? _____ YES _____ NO. IF YES PLEASE READ AND SIGN THE AUTHORIZATION BELOW.

REFERENCE AUTHORIZATION

THE UNDERSIGNED, HAVING APPLIED FOR A POSITION AT VANCOUVER RESOURCE SOCIETY FOR THE PHYSICALLY DISABLED DOES HEREBY AUTHORIZE YOU TO PROVIDE VANCOUVER RESOURCE SOCIETY WITH THE INFORMATION REQUESTED HEREIN. I SPECIFICALLY CONSENT TO DISCLOSURE IN ACCORDANCE WITH THE PROVISIONS OF ALL APPLICABLE FEDERAL/PROVINCIAL AND LOCAL LAWS.

NAME: _____ SIGNATURE: _____

APPLICATION DISCLOSURE STATEMENT

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND CORRECT. SHOULD ANY STATEMENT BE PROVED INACCURATE, I UNDERSTAND THE EMPLOYER MAY CANCEL MY EMPLOYMENT.

APPLICANT'S SIGNATURE: _____ DATE: _____

