



inclusion
powell river

APPLICATION FOR EMPLOYMENT

For Office Use Only

Date received:

Received by:

Date contacted for interview:

Interview date & time:

Interviewers:

Please complete all sections. If you are submitting a resume, please only provide the information not covered on your resume.

For which position are you applying?

Personal Information

Last Name

First

Other

Street Address

City

Province

Postal Code

Phone

Email

Are you over 19 years of age?

Yes

No



Do you have a valid BC Driver's License?

- Yes No

BC Driver's License Class: _____

How did you hear about us?

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Website | <input type="checkbox"/> Indeed | <input type="checkbox"/> WorkBC |
| <input type="checkbox"/> Charity Village | <input type="checkbox"/> Staff member/Employee Referral Program | |
| <input type="checkbox"/> Other: | If staff or employee referral, name: | |

Work History

Are you presently employed?

- Yes, part-time Yes, full-time No

How soon could you be available to start work?

Please list below your employment history, starting with your most recent position.

- | | |
|------------------------------|---------------------|
| Date: From | To: |
| Company: | Position: |
| Supervisor's name and title: | |
| Supervisor's phone: | Supervisor's email: |
| Reason for leaving: | |



2. Date: From

Company:

Supervisor's name and title:

Supervisor's phone:

Reason for leaving:

To:

Position:

Supervisor's email:

3. Date: From

Company:

Supervisor's name and title:

Supervisor's phone:

Reason for leaving:

To:

Position:

Supervisor's email:

Education History

Secondary School

High School and Location:

Grade Completed:

Post-Secondary School

1. Program:

Degree/Certificate/Diploma:

Length of program (months/years):

Institution:

Completion date:

2. Program:

Degree/Certificate/Diploma:

Length of program (months/years):

Institution:

Completion date:



Volunteer Placements

Dates: From:
Role:
Contact name and email:
Duties:

To:
Organization:

Dates: From:
Role:
Contact name and email:
Duties:

To:
Organization:

Additional Information

Please provide us with the names of relatives, or spouses currently employed by inclusion Powell River:

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

Conditions of Employment

Please indicate if you currently have any of the following conditions of employment. If not, we will assist you in obtaining them during your onboarding and/or probationary period.

- Criminal Record Check
- First Aid - Occupational Health and Safety Level 1
- Class 4 (Unrestricted) B.C. Driver's 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 representation in this application may be cause for dismissal. I hereby authorize **inclusion Powell River** to contact any of the employers, volunteer agencies or educational institutions provided by me as part of my application for employment.

Signature

Name (please print)

Date

