



**PLEASE PRINT THIS FORM OFF,
FILL IT OUT AND MAIL OR FAX IT TO:
IRMARD KNUDSKOV, HUMAN RESOURCE MANAGER**

APPLICATION FOR EMPLOYMENT

3861 Cedar Hill Cross Road, Victoria, B.C.V8P 2M7
Ph: (250) 477-7231 Fax: (250) 477- 6944. e-mail: info@clvic.ca

Position Applied for: _____

Name: _____
Last Name First Name

Address: _____
#/Street/Avenue City Prov. Postal Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Additional Information: Please provide the following information if you have a direct relative or share the same household with an individual employed by Community Living Victoria. *parent, spouse, common law partner, brother, sister, grandparent, son or daughter. Note: This will not impact your eligibility for employment.*

Name/Relationship:	Work Site/Home or Program:	Position:
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EDUCATION/TRAINING:

	Name and Location	Year Attended From To	Diploma or Degree	Program or Courses Completed
High School				
University/ College				
Other (specify)				

Do you have any of the following courses?

Food Safe Yes No
 Basics of Medication Yes No
 Non-Violent Crisis Intervention Yes No

Professional Associations, Memberships and Community/Volunteer Involvement: _____

6. A clear Certificate of Fitness from your physician Yes No
(acquired in the last 6 months)

REFERENCES:
(please provide three references from previous employers (must have supervised you))

Employer	Address/Phone Number/E-mail	Name of Person to Contact

ON-CALL (CASUAL) AVAILABILITY:

1a. Shifts you are available for: Days Eves Nights Weekdays Weekends Asleep Overnights

b. Are you available 7 days a week? Yes No

c. If you do not have full availability, please explain: _____

2a. Do you currently attend school OR will you be attending school in the near future? Yes No

b. If yes, where? _____

3a. Do you work anywhere else, at this time? Yes No

b. If yes, where? _____

What shifts? _____

CERTIFICATE: *Note: this application is not valid unless signed by the applicant. Please read carefully before signing.*

I certify that the information provided in this application or attachment/resume is true and complete. I understand that if any information in this application or attachment/resume is found to be untrue and incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

Signature: _____

Date of Application: _____