

# Queens Association for Supported Living: Application for Employment

Position being applied for: \_\_\_\_\_ Date available to begin work: \_\_\_\_\_

## **Personal Data**

Last name \_\_\_\_\_ Given name(s) \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Are you legally eligible to work in Canada?

- Yes  
 No

Are you 18 years and more and less than 65 years?

- Yes  
 No

Are you willing to relocate? (if applicable)

- Yes  
 No

Are you available to work split shifts, evenings, weekends and holidays?

- Yes  
 No

To determine your qualification for employment, please provide below and on the reverse, information related to your academic and other achievements including volunteer work, as well as employment history. Additional information may be attached on a separate sheet.

## **Education:**

Secondary School Highest Grade or level completed _____ Type of certificate or diploma obtained _____ _____	Business, Trade or Secondary School Name of Course _____ Length of Course _____ License, certificate or diploma awarded Yes No _____
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Community College Yes No Name of Program _____	Diploma received Yes No Length of Program _____
Other courses, workshops, seminars _____	

University Yes No Length of course _____ Major subject(s) _____ License, Certificates, Degrees _____	Degree awarded Yes No _____
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### Core Competencies:

People who have worked in the field (residential services or adult vocational training centres) prior to the implementation of the new training standards received certification in seven core competencies and are listed in a provincial "bank". Are you listed in this bank of certified workers?

Yes      No

### Work Related Skills:

Described any of your work related skills, experience or training that relate to the position being applied for.

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### Drivers License:

Do you have a valid driver's license    Yes    No  
If yes, what class? \_\_\_\_\_

### Employment:

Name and address of present/last employer: \_\_\_\_\_

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Present/Last Job Title: \_\_\_\_\_  
Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Functions/Responsibilities: \_\_\_\_\_

Name and address of former employer: \_\_\_\_\_

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Functions/Responsibilities: \_\_\_\_\_

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For employment references we may approach:

Your present/last employer?	Yes	No
Your former employer(s)?	Yes	No

List references if different than those above:

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Personal interests and activities (civic, athletic, etc.):

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FYI: A Child Abuse Registry check and a Criminal Records check will be required for all employees.

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date