Please complete the requested information below (print or type).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Applicant Information** | | | | | | | | | | | | | |
| First and last name: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| City: | | | | | | Province: | | | | | Postal code: | | |
| Primary number: ( ) | | | | | | Cell phone number: ( ) | | | | | | | |
| E-mail address: | | | | | | | | | | | | | |
| Have you ever interviewed with enVision Community Living in the past?    Yes  No If yes: Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date interviewed (mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Have you worked for us before?   Yes  No If yes: Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| If hired, what is the earliest date you are available for employment? | | | | | | | | | | | | | |
| Rate of pay expected: | | | | | | | | | | | | | |
| **Section 2: Position(s) Applied For** | | | | | | | | | | | | | |
| Name of Position(s): | | | | | | | | | | | | | |
| Full-time  Part-time  Casual  Temporary or seasonal | | | | | | | | | | | | | |
| Please provide your weekday hours availability below (your unavailability to work on any particular day will not necessarily disqualify you from employment with enVision Community Living). | | | | | | | | | | | | | |
|  | All Days | | Mon | Tues | | Wed | | Thurs | | Fri | | Sat | Sun |
| Morning |  | |  |  | |  | |  | |  | |  |  |
| Afternoon |  | |  |  | |  | |  | |  | |  |  |
| Evening |  | |  |  | |  | |  | |  | |  |  |
| Night |  | |  |  | |  | |  | |  | |  |  |
| **Section 3: Education** | | | | | | | | | | | | | |
| **Type of School** | | **Highest Grade or Year Completed** | | | **Graduated** | | | | **Name of School and Course of Study or Major** | | | | |
| **Yes** | | **No** | |
| High school or equivalent | | 9 10 11 12 | | |  | |  | |  | | | | |
| College | |  | | |  | |  | |  | | | | |
| University | |  | | |  | |  | |  | | | | |
| Vocational or trade school | |  | | |  | |  | |  | | | | |
| Other | |  | | |  | |  | |  | | | | |
| List any other certifications or licenses you currently possess: | | | | | | | | | | | | | |
| **Section 4: Work History** | | | | | | | | | | | | | |
| Please see attached resume ***or*** | | | | | | | | | | | | | |
| Start with your most recent employer. You may include, as part of your employment history, any work performed on a volunteer basis. | | | | | | | | | | | | | |
| **Position One** | | | | | | | | | | | | | |
| Employer name: | | | | | | | | | | | | | |
| Employer phone number: | | | | | | | | | | | | | |
| Start date (mm/yy): | | | | | | End date (mm/yy): | | | | | | | |
| What was your position or job title? | | | | | | | | | | | | | |
| What were your duties or responsibilities in this position? | | | | | | | | | | | | | |
| Reason for leaving? | | | | | | | | | | | | | |
| May we call your current/previous supervisor?   Yes  No | | | | | | Supervisor name: | | | | | | | |
| Phone number: | | | | | | | |
| **Position Two** | | | | | | | | | | | | | |
| Employer name: | | | | | | | | | | | | | |
| Employer phone number: | | | | | | | | | | | | | |
| Start date (mm/yy): | | | | | | End date (mm/yy): | | | | | | | |
| What was your position or job title? | | | | | | | | | | | | | |
| What were your duties or responsibilities in this position? | | | | | | | | | | | | | |
| Reason for leaving? | | | | | | | | | | | | | |
| May we call your current/previous supervisor?   Yes  No | | | | | | Supervisor name: | | | | | | | |
| Phone number: | | | | | | | |
| **Position Three** | | | | | | | | | | | | | |
| Employer name: | | | | | | | | | | | | | |
| Employer phone number: | | | | | | | | | | | | | |
| Start date (mm/yy): | | | | | | End date (mm/yy): | | | | | | | |
| What was your position or job title? | | | | | | | | | | | | | |
| What were your duties or responsibilities in this position? | | | | | | | | | | | | | |
| Reason for leaving? | | | | | | | | | | | | | |
| May we call your previous supervisor?   Yes  No | | | | | | Supervisor name: | | | | | | | |
| Phone number: | | | | | | | |
| If you wish to add additional positions to your employment history, please attach on a separate sheet of paper. | | | | | | | | | | | | | |
| **Section 5: References** | | | | | | | | | | | | | |
| **Reference One** | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Employer: | | | | | | Position: | | | | | | | |
| Phone Number: | | | | | | Email: | | | | | | | |
| **Reference Two** | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Employer: | | | | | | Position: | | | | | | | |
| Phone Number: | | | | | | Email: | | | | | | | |
| **Reference Three** | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | |
| Employer: | | | | | | Position: | | | | | | | |
| Phone Number: | | | | | | Email: | | | | | | | |
| **Section 6: Other Information** | | | | | | | | | | | | | |
| Are there any other experiences or qualifications not already listed above, which would be beneficial to your work with our organization? | | | | | | | | | | | | | |
| What motivated you to apply for a position with enVision? | | | | | | | | | | | | | |
| **Section 7: Applicant Acknowledgement and Signature** (*please read carefully before signing*) | | | | | | | | | | | | | |
| I hereby authorize representatives of enVision Community Living to contact my references listed on this form and/or my previous employer(s). enVision Community Living may obtain information concerning my past employment history, performance and/or any other information relevant to my employment at enVision Community Living.  I hereby certify that the information provided in this applications and any attachments, including my resume, are true and complete. I understand that if any information in this application or its attachments are found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause, if I am the successful applicant. | | | | | | | | | | | | | |
| **Applicant Signature:** | | | | | |  | | | | | | | |
| **Date Signed (dd/mmm/yyyy):** | | | | | |  | | | | | | | |