

## **EMPLOYMENT APPLICATION** (to be submitted with current resume)

**PERSONAL INFORMATION** (please print clearly)

NAME									
	rst				Middle Ir	nitial			Last
ADDRESS:	DRESS:						PROVINCE:		
POSTAL C	ODE:	TE	ELEPHON	E( )					
Have you ev	Have you ever worked for FASD Life's Journey before? If yes, when/where?								
Are you 18 years of age or over?									
AVAILABIL	ITY								
Are you lega	illy able to b	e employe	d in this co	untry?	☐ Yes	□ No (If	hired, veri	fication will be required b	y law)
What type of position are you seeking?									
Are you able	to meet th	e attendan	ce requirer	nents of th	e position?	☐ Yes	□ No		
,			IOURS AV					1	
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
FROM		_							
ТО									
Total hours	available pe	r week _							
Date availab	le to start v	vork							
EMPLOYME	ENT (mus	t be most	recent e	mployer	s)				
Company _					Addre	ss			
City		Address Telephone:							
Position		Supervisor					Dates worked: From to		
Wage									
					Addre	SS			
		Address Telephone:							
	Supervisor								
	Supervisor bates worked: From to								
	Province						Dates worked: From to		
Position				·r			Dates	s worked. FIUIII	10



Do we have your permission to contact your	current employ	ver? Yes □	No □						
If NO, please explain:									
REFERENCES: Must be supervisors that coin above	ncide with most	recent employ	vers from Employment section						
Name:	Te	elephone:	Years Known:						
Address:	City:		Province:						
Name:	Te	elephone:	Years Known:						
Address:	City:		Province:						
Name:	Te	elephone:	Years Known:						
Address:	City:		Province:						
Do you know anyone who has or is working									
CERTIFICATES & CHECKS									
Do you have	Please ci	rcle one:	Please Indicate date received:						
Criminal Record Check	Yes	No							
Adult Abuse Check	Yes	No No							
Adult Abuse Check Child Abuse Check	Yes Yes	No No							
Adult Abuse Check Child Abuse Check 5F Driver's License	Yes Yes Yes	No	N/A						
Adult Abuse Check Child Abuse Check 5F Driver's License Car to use for work	Yes Yes Yes Yes	No No No	N/A N/A						
Adult Abuse Check Child Abuse Check 5F Driver's License Car to use for work First Aid/CPR	Yes Yes Yes Yes Yes Yes	No No No No	·						
Adult Abuse Check Child Abuse Check 5F Driver's License Car to use for work	Yes Yes Yes Yes	No No No	·						
Adult Abuse Check Child Abuse Check 5F Driver's License Car to use for work First Aid/CPR NVCI (Non Violent Crisis Intervention)	Yes Yes Yes Yes Yes Yes	No No No No	·						
Adult Abuse Check Child Abuse Check 5F Driver's License Car to use for work First Aid/CPR NVCI (Non Violent Crisis Intervention)  SELF DELCARATION (optional)	Yes Yes Yes Yes Yes Yes Yes	No No No No No	N/A						
Adult Abuse Check Child Abuse Check 5F Driver's License Car to use for work First Aid/CPR NVCI (Non Violent Crisis Intervention)  SELF DELCARATION (optional)  FASD Life's Journey is committed to achieve	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No ative workforce	N/A						
Adult Abuse Check Child Abuse Check 5F Driver's License Car to use for work First Aid/CPR NVCI (Non Violent Crisis Intervention)  SELF DELCARATION (optional)  FASD Life's Journey is committed to achieve indicate with a check below if they are from	Yes Yes Yes Yes Yes Yes Yes The serving a representation the following	No No No No No No No ative workforce	N/A						
Adult Abuse Check Child Abuse Check 5F Driver's License Car to use for work First Aid/CPR NVCI (Non Violent Crisis Intervention)  SELF DELCARATION (optional)  FASD Life's Journey is committed to achieve	Yes Yes Yes Yes Yes Yes Yes Yes The following m**	No No No No No No ative workforce groups.	N/A						
Adult Abuse Check Child Abuse Check 5F Driver's License Car to use for work First Aid/CPR NVCI (Non Violent Crisis Intervention)  SELF DELCARATION (optional)  FASD Life's Journey is committed to achieve indicate with a check below if they are from **This is an optional section of the application.	Yes Yes Yes Yes Yes Yes Yes Yes Al	No No No No No No ative workforce groups.	N/A  e. We encourage applicants to  (including Métis & Inuit)						
Adult Abuse Check Child Abuse Check 5F Driver's License Car to use for work First Aid/CPR NVCI (Non Violent Crisis Intervention)  SELF DELCARATION (optional)  FASD Life's Journey is committed to achieve indicate with a check below if they are from **This is an optional section of the application women	Yes	No No No No No No No No original people ersons with a dis  APPLICATION AND OMISSION OR FALS TO GIVE YOU ANY PERSONAL AND OVE CONSUMER REI	N/A  e. We encourage applicants to  (including Métis & Inuit)  ability  THAT THE INFORMATION CONTAINES HEREIN SE INFORMATION IS GROUNDS FOR AND ALL INFORMATION CONCERNING MY THERWISE. I UNDERSTAND THAT AS A PART						