

MONCTON COMMUNITY RESIDENCES INC.
Application for Employment
(Please Print)

Family Name: _____ What type of employment are you looking for?
Given Name: _____ Permanent ____ Temporary ____
Address: _____ Full Time ____ Part Time ____

Relief ____
Are you prepared to work
Home Phone Number: _____ Night Shifts? ____ Weekends? ____
Cell Phone Number: _____ Public Holidays? ____ Shift Work? ____
Are you 19 years of age or older? _____

Languages:	<u>Speak</u>	<u>Write</u>	Do you have a current driver's license?
<u>English</u>	_____	_____	Yes ____ No ____
<u>French</u>	_____	_____	If yes, what Class? _____
Other:			Do you have access to a vehicle? _____
_____	_____	_____	Are you legally able to work in Canada? _____
_____	_____	_____	

Having access to a vehicle is not required in some positions. If you do have a vehicle, are you willing to transport clients? Yes ____ No ____
If yes, are you willing to obtain the insurance coverage required by the Provincial Government? (\$1,000,000.00 Liability) Yes ____ No ____

Having the following documents on file is a **Condition of Employment**. Prior to being hired, are you willing to have:

- A Criminal Record Release Form completed by the RCMP? Yes ____ No ____
- Social Development Record check completed by the Department of Family and Community Services? Yes ____ No ____

Prior to completion of probation, are you willing to have:

- A Medical Form completed by your doctor? Yes ____ No ____

What Program(s) are you interested in? (Check all the apply)

To work in a Community Residence:

Adult Community Facility: _____

Youth Community Facility: _____

In Home Services:

Support Worker- SILP (supporting individuals living in their own homes): _____

Education: (Proof of Education Qualifications may be required)

<u>School & Location</u>	<u>Date of Completion</u>	<u>Course</u>	<u>Certificate/Diploma/Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If possible please attach a copy of your University/ Community College transcripts indicating the courses you have received credits for.

Employment History: (Starting with the most recent employer)

<u>Place of Employment</u>	<u>Date: From-To</u>	<u>Type of Work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do we have permission to contact some or all of your former employers? Yes _____ No _____

Please note any exceptions.

There are other training requirements that must be maintained as condition of employment such as, **First-Aid, MANDT and ASSIST- Suicide intervention** (when working with youth). Will you accept a position and commit to updating applicable courses prior to their expiry date?

Yes _____ No _____

Do you have any of these courses now? Yes _____ No _____ If yes please list the courses and note the expiry dates. (We will need copies of your cards for your file)

