

APPLICANT INFORMATION

Last Name				First Name			
Street Address				City			
Province		Postal Code		E-mail			
Phone Number	Main:		Secondary:		Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>		
Position Applied for:				Available Start Date:			
Would you accept casual relief work? YES <input type="checkbox"/> NO <input type="checkbox"/>				Are you legally entitled to work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you taken part in an educational placement CLTB? If so, please indicate Team Leader/location of placement:				YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Were you previously employed or interviewed by this agency?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
If previously employed, reason for leaving?							
Do you have any relatives currently employed with this agency? YES <input type="checkbox"/> NO <input type="checkbox"/>				If yes, what is the relationship?			
Have you ever been convicted of a criminal offence for which a pardon HAS NOT been granted? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Where did you hear about this position? Indeed <input type="checkbox"/> Facebook <input type="checkbox"/> Career Fair <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other <input type="checkbox"/>							

WHY DID YOU CHOOSE TO APPLY TO COMMUNITY LIVING THUNDER BAY?

EDUCATION – Please list most recent first

Program & Major				Institution			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, how many years completed?			
Please specify Diploma/Degree/Certificate received:							
Program & Major				Institution			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, how many years completed?			
Please specify Diploma/Degree/Certificate received:							
Program & Major				Institution			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>				
Please specify Diploma/Degree/Certificate received:							

OTHER TRAINING

Do you have current:	First Aid/CPR <input type="checkbox"/>	Date of expiry:	Non-violent Crisis Intervention <input type="checkbox"/>	Date of expiry:
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Please list other relevant qualifications, skills, and life experiences. (Do not list any activities denoting race, ancestry, nationality, place of origin, ethnic origin, creed, sex, sexual orientation, disability, marital/family status, political belief, or convictions for which a pardon has been received.)

PREVIOUS EMPLOYMENT – Please list most recent first

Company		Phone	
Job Title		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
May we contact the above employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Job Title		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
May we contact the above employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Job Title		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
May we contact the above employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SCHOOL PLACEMENT EXPERIENCE

Company		Phone	
Role		Supervisor	
Responsibilities			
May we contact the above organization for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Role		Supervisor	
Responsibilities			
May we contact the above organization for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

VOLUNTEER EXPERIENCE

Company		Phone	
Role		Supervisor	
Responsibilities			
May we contact the above organization for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Role		Supervisor	
Responsibilities			
May we contact the above organization for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES – Please list three supervisory employment references (<i>Must be SUPERVISORY</i>)			
Full Name		Relationship	Supervisor <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other <input type="checkbox"/>
Company		Reference's Position	
Phone		Email	
Full Name		Relationship	Supervisor <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other <input type="checkbox"/>
Company		Reference's Position	
Phone		Email	
Full Name		Relationship	Supervisor <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other <input type="checkbox"/>
Company		Reference's Position	
Phone		Email	
<i>*FOR CURRENT STUDENTS OR RECENT GRADUATES, PLEASE PROVIDE TWO ACADEMIC REFERENCES.</i>			
Name		Position/Title	
Phone		Email	
Name		Position/Title	
Phone		Email	

To be considered for an interview with Community Living Thunder Bay, your application must be submitted with the following documentation attached:

- **Proof of Education** (transcript showing highest level of education or copy of diploma)
* Current students please provide letter for proof of enrollment
- **Valid First Aid Certificate**

DISCLAIMER AND CONSENT SIGNATURE			
<p>Pursuant to Section 29(1) of The Freedom of Information and Protection and Privacy Act, I _____, authorize Community Living Thunder Bay to contact the persons or organizations listed above for the purposes of obtaining validation of experience, qualifications, and employment references, including information contained in my personnel file(s). These persons are authorized to disclose such information.</p> <p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate dismissal.</p>			
Signature		Date	

Please send your application to Human Resources at...

Web: www.cltb.ca • Email: jobs@cltb.ca • Phone: 622-1099 • Fax: 807-622-8528
Mail: 1501 Dease Street, Thunder Bay, ON P7C 5H3