



APPLICATION FOR EMPLOYMENT

We consider applicants without regard to race, colour, creed, ancestry, sexual orientation, marital status, family status, handicap or other protected status.

PERSONAL DATA

Last Name		First Name			Middle Name					
Present Address										
City			Prov.		Postal Code					
Home Telephone #		Business Telephone #			Cell Telephone #					
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you worked for OPTIONS before? If Yes, WHEN?						
Are you related to any employees of OPTIONS? If Yes, Whom?					Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Availability		DAYS OF WEEK		S	M	T	W	T	F	S
		TIMES								
Position Applied For:				Do you want to work -						
				Full Time	Part Time	Weekend	Relief/Casual		Overnights	
Desired Salary				If hired, when can you start work?						

EDUCATION

	Secondary School	College or University	Graduate or Professional
Level Completed			
Certificates, Diplomas, Degrees obtained			
Course Study			
List any specialized training, apprentice skills, Awards, Professional Designations and other education			
Do you have any of the following courses?	1st Aid Y/N	CPR Y/N	Abuse Protocol Y/N
Course Expiry Date		Positive Behaviour Support Y/N	



Work History (List in order starting with your present or last job)

Employers Name		Employers Address	
Type of Business			
Your Job Title	Period Employed	From (MMYY) To (MMYY)	
Name of Immediate Supervisor		Reason for Leaving	
Describe Job Duties and Responsibilities			
May we contact this Employer for a Reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employers Name		Employers Address	
Type of Business			
Your Job Title	Period Employed	From (MMYY) To (MMYY)	
Name of Immediate Supervisor		Reason for Leaving	
Describe Job Duties and Responsibilities			
May we contact this Employer for a Reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employers Name		Employers Address	
Type of Business			
Your Job Title	Period Employed	From (MMYY) To (MMYY)	
Name of Immediate Supervisor		Reason for Leaving	
Describe Job Duties and Responsibilities			
May we contact this Employer for a Reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please add any additional information that you feel is relevant to this application:			



Interview Written Questionnaire

- 1 You come on shift at 3:00pm and notice that morning (7:00am) medications were not administered to three clients at 7:00am. Give a detailed account of how you would handle the situation?

- 2 You have noticed that the individual you are supporting has become aggressive and is hitting himself repeatedly but you do not observe any clear signs as to why. How do you handle the situation?



References
(Please provide 3 Business References)

Individual's Name of Business Reference	Position of Reference
Business Name	
Phone Number of Reference	
Was this person your Direct Supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Individual's Name of Business Reference	Position of Reference
Business Name	
Phone Number of Reference	
Was this person your Direct Supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Individual's Name of Business Reference	Position of Reference
Business Name	
Phone Number of Reference	
Was this person your Direct Supervisor? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Please Read Carefully

I certify that the information contained herein is correct and true to the best of my knowledge. I understand that any misrepresentation may disqualify me for employment or be cause for my dismissal. If hired, I agree to abide by all of OPTIONS' policies and procedures, including serving an initial probationary period. Proof of education and training is required at the time of hiring and is subject to further verification.

Applicant's Signature: _____

Date: _____