

# **APPLICATION for CASUAL EMPLOYMENT**

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Applicant applying for a casual position must:

1. **Complete this Application Form.**
2. **Attach a resume.**

Return the Application Form to the Personnel Manager:

|  |  |  |  |
| --- | --- | --- | --- |
| **In person**  12 Kimberly Drive, Kapuskasing  18 Aurora, Cochrane | **By Mail:** 12 Kimberly Drive  Kapuskasing, Ontario  P5N 1L5 | **By Fax:** 705–337– 6538 | **By email:** kboudreau@neacl.ca |

If you have any questions, you can call the Personnel Manager at 705-337-1417 ext. 222

Only Applicants chosen for an interview will be called.

**SCENT FREE WORKPLACE**

**UTILISONS DES PRODUITS NON PARFUMÉS**

Many people are extremely sensitive to perfumes, colognes, aftershaves and other scented products.

Please do not wear them at any time in this building

**THANK YOU**

De nombreuses personnes sont extrêmement sensibles aux parfums, eaux de Cologne, lotions après-rasage et autres produits parfumés. Veuillez

s’il-vous-plaît garder notre milieu de travail exempt de tous parfums

**MERCI**

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# PERSONAL INFORMATION:

(Print) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you vaccinated against COVID-19? Yes ( ) No ( )

If you answered NO to the previous question, are you willing to receive the COVID-19 vaccine?

Yes ( ) No ( )

# EXPERIENCE:

Do you have any working experience with individuals who have a Developmental Disability? Yes ( ) No ( )

Do you have any personal experience with individuals who have a Developmental Disability? Yes ( ) No ( )

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# COMMUNICATION:

Fluently Some None

Do You Speak French? ( ) ( ) ( )

Do You Write French? ( ) ( ) ( )

Do You Speak English? ( ) ( ) ( )

Do You write English ( ) ( ) ( )

# Other courses, seminars, workshops etc.: i.e., FA/CPR

TYPE of COURSE Date you Achieved Certificate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Computer skills

Word processing programs: Yes ( ) No ( )

Internet/emails Yes ( ) No ( )

Driving

Do you have a Valid Driver’s License? Yes ( ) No ( )

# WORK REQUIREMENTS:

1. With the proper training, are you PHYSICALLY ABLE and WILLING to provide PHYSICAL SUPPORT, when required, such as:

Lifting and/or help to lift an adult? Yes ( ) No ( )

Providing personal hygiene

support to adults, such as

attendant care (bathing) ? Yes ( ) No ( )

Provide support in management of

seizures? Yes ( ) No ( )

1. With the proper training, would you be able and willing to provide support, when required, such as:

Management of aggressive behavior? Yes ( ) No ( )

Providing support to people with a

dual diagnosis? Yes ( ) No ( )

Providing support in using personal

connections to enhance existing

connections around employment and

friendships? Yes ( ) No ( )

1. Would you be willing to provide a Doctor’s Certificate, at your own expense, that says you are able to lift/transfer adults, without recurring back pain?

Yes ( ) No ( )

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1. You **MUST** be willing to work flexible hours, including days, evenings, nights, weekends, and statutory holidays and be on call especially between the hours of **6:00 am to 8:00 am** and of **6:00 pm to 8:00 pm**.

**Can you work:**

Weekdays/day shift: Yes ( ) No ( )

Weekdays/night shift: Yes ( ) No ( )

Weekends/day shift: Yes ( ) No ( )

Weekends/night shift: Yes ( ) No ( )

Statutory Holiday: Yes ( ) No ( )

(i.e., Christmas, New Year’s Eve, Easter, Thanksgiving …)

Can we call you between the hours of 6am/8am and 6pm/ 8pm: Yes ( ) No ( )

If **no, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FOR YOUR INFORMATION

If we offer you this position, we will ask for certain references and the completion of certain forms.

**References:**

Because of the vulnerability of persons with an intellectual disability, you will need the following references:

1. **Ontario Provincial Police**: A Vulnerable Sector Check, this check will show any occurrences and/or convictions. This check is required by law, as of March 1995.
2. A Direct Supervisor contact from your PRESENT/PREVIOUS EMPLOYERS that you have indicated on this Application Form.
3. A contact name which will tell us something about your involvement or experience with persons who have an intellectual disability, if applicable.
4. Others references you wish to give, which will show that this position is suited to your talents, or that the Agency may need.

**FORM:** You must be willing to sign a CONFIDENTIALITY STATEMENT; this means that you would keep all personal information, about individuals and families strictly private.

SharePoint\NEACL Forms\Application for Employment\APPLICATION FOR CASUAL EMPLOYMENT ENGLISH Revised Nov.10,2021