EMPLOYMENT APPLICATION

INSTRUCTIONS: This application may be considered for any suitable posted vacancy at Kardel Consulting Services. Please complete all sections in full even if you are attaching a resume. Email completed document to employment@kardel87.com

Office Use Only

PERSONAL INFORMATION

NAME AND ADDRESS OF APPLICANT

LAST	FIRST	MIDDLE	PREFERRED FIRST NAME	PREVIOUS LAST NAME
STREET ADDRESS			HOME PHONE	
CITY OR TOWN	PROVINCE	POSTAL CODE	ALTERNATE PHONE	
MAILING ADDRESS (IF DIFFERENT)			PRIMARY/HOME EMAIL	

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES NO LEGAL STATUS TO WORK IN CANADA – DOCUMENTATION MAY BE REQUIRED

I AM AT LEAST 19 YEARS OF AGE

CANADIAN CITIZEN LANDED IMMIGRANT WORK PERMIT OTHER, PLEASE SPECIFY

DO YOU HAVE ANY MEDICAL/PHYSICAL CONDITIONS WHICH WOULD PREVENT YOU FROM PERFORMING SPECIFIC KINDS OF DUTIES REQUIRED AS PART OF THE POSITION YOU HAVE APPLIED FOR?

YES NO IF YES, DESCRIBE AND EXPLAIN WORK LIMITATIONS:

AVAILABILITY INFORMATION

DESIRED EMPLOYMENT:

FULL TIME PART TIME CASUAL DATE AVAILABLE TO START WORK

SHIFTS AVAILABLE FOR: DAYS AFTERNOONS/EVENINGS AWAKE OVERNIGHTS ALL SHIFTS

WEEKENDS: WEEKDAYS: SHORT NOTICE? YES NO

IF NO, HOW MUCH NOTICE WILL YOU REQUIRE?

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, EMPLOYER:

HAVE YOU BEEN PREVIOUSLY EMPLOYED AT KARDEL? YES NO

IF YES, FROM TO

EDUCATION

	NAME & LOCATION OF INSTITUTION ATTENDED	DATES ATTENDED FROM	TO	CERTIFICATE OBTAINED	PROGRAM
LAST GRADE SUCCESSFULLY COMPLETED 7 8 9 10 11 12 13					
COLLEGE					
OTHER:					

ARE YOU ATTENDING SCHOOL NOW? YES NO INSTITUTION F/T, P/T, OR EVENING CLASSES?

COURSE OR AREA OF SCHOOLING

CERTIFICATION:

FIRST AID/CPR LEVEL "C" CERTIFICATION: YES NO EXPIRY DATE:

VALID DRIVER'S LICENSE: YES NO PROVINCE CLASS: EXPIRY DATE:

WORK HISTORY - (PRESENT EMPLOYER FIRST)

LIST ALL EMPLOYERS YOU HAVE WORKED FOR IN YOUR LAST 6 YEARS OF EMPLOYMENT.

(COMPLETE ALL SECTIONS, EVEN IF YOU ARE ENCLOSING A RESUME. IF THE APPLICATION IS INCOMPLETE, THERE MAY BE A DELAY IN PROCESSING.)

NAME OF EMPLOYER:	ADDRESS OF BUSINESS (INCLUDE POSTAL CODE):
POSITION HELD:	
SUPERVISORS NAME & TITLE	PHONE NUMBER:
DATES EMPLOYED (D/M/Y) F/T ☐ P/T ☐ CASUAL ☐	
FROM: TO: HOURS/WEEK: TOTAL NO. HRS WORKED;	
REASON FOR LEAVING:	
MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? ☐ YES ☐ NO IF NO, PLEASE EXPLAIN:	

NAME OF EMPLOYER:	ADDRESS OF BUSINESS (INCLUDE POSTAL CODE):
POSITION HELD:	
SUPERVISORS NAME & TITLE	PHONE NUMBER:
DATES EMPLOYED (D/M/Y) F/T ☐ P/T ☐ CASUAL ☐	
FROM: TO: HOURS/WEEK: TOTAL NO. HRS WORKED;	
REASON FOR LEAVING:	
MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? ☐ YES ☐ NO IF NO, PLEASE EXPLAIN:	

NAME OF EMPLOYER:	ADDRESS OF BUSINESS (INCLUDE POSTAL CODE):
POSITION HELD:	
SUPERVISORS NAME & TITLE	PHONE NUMBER:
DATES EMPLOYED (D/M/Y) F/T ☐ P/T ☐ CASUAL ☐	
FROM: TO: HOURS/WEEK: TOTAL NO. HRS WORKED;	
REASON FOR LEAVING:	
MAY THIS EMPLOYER BE CONTACTED FOR A REFERENCE? ☐ YES ☐ NO IF NO, PLEASE EXPLAIN:	

HAVE YOU EVER BEEN FIRED? ☐ YES ☐ NO

NAME OF EMPLOYER:

REASON:

GENERAL INFORMATION: THE SPACE BELOW CAN BE USED TO HIGHLIGHT ANY ADDITIONAL INFORMATION PERTAINING TO EMPLOYMENT HISTORY, CAREER OBJECTIVES, OR RELEVENT INTERESTS AND EXPERIENCES YOU FEEL ARE DIRECTLY RELATED TO THE POSTION YOU ARE APPLYING FOR. COMPLETION OF THIS SECTION IS VERY HELPFUL IN ASSISTING US TO ASSESS YOUR QUALIFICATIONS.

REFERENCES	PRACTICUM/VOLUNTEER INFORMATION: IF YOU HAVE RECENTLY COMPLETED A PRACTICUM OR VOLUNTEER POSITION ASSOCIATED WITH YOUR PROFESSION, PLEASE PROVIDE A MINIMUM OF TWO SUPERVISORS WHO MAY BE CONTACTED.			
	SUPERVISOR'S NAME	SUPERVISOR'S TITLE (INSTRUCTOR/PRECEPTOR)	TELEPHONE #	EMAIL/FAX

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY
PLEASE READ CAREFULLY BEFORE SIGNING:

1. I have completed this application and understand that any misrepresentation made by me in connection with this application will be grounds for termination of my employment at any time during my employment with Kardel Consulting Services Inc.
2. I understand hiring is condition of my ability to pass pre-employment health screening (including TB skin test and/or chest x-ray) and submission of a medical certificate indicating that I meet an acceptable standard of health.
3. I understand that if hired, I will be required to successfully serve a probationary period.
4. If employed, I agree to abide by all the policies of Kardel Consulting Services Inc. and that any breach of said policies may result in dismissal. In addition, if I am offered employment I agree to sign a confidentiality acknowledgment as a condition of my employment.
5. I understand that appointment is conditional upon the consent to and the result of a Ministry of Justice criminal record check. I further understand that I will be responsible for the cost of that criminal record check.
6. In connection with this application, I hereby consent and authorize Kardel Consulting Services Inc. to obtain reference information from my present and/or previous employer(s) and/or education facilities and release all from any liability in doing so. I accept the purpose of the information-gathering is to determine my suitability for employment.
7. Please note: Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of your application for employment.
8. Do you have a relative* or share the same household with an individual employed or supported by Kardel consulting Services Inc.?
   ** Parent, spouse, common law relation, brother, sister, grandparent, son or daughter.*

   Yes ☐ No ☐ If yes, please indicate the name of the individual, home/program, and/or position held:

Date: Signature of Applicant:

Kardel's Office Location:
209-2951 Tillicum Road, Victoria BC V9A 2A6 Phone 250-382-5959 Fax 250-383-2835

Kardel's mission is to help people with developmental disabilities have a good life and to respect their personal choices