



INDEPENDENT LIVING HOUSING SOCIETY OF GREATER VICTORIA

101-367 Burnside Road E. Victoria, BC V9A 1A7

Phone: 250-383-2524 Fax: 250-383-9431

Email: info@ilhs.ca Website: www.ilhs.ca

APPLICATION FOR EMPLOYMENT Personal Information

Last Name	First name	Initial
Mailing Address	City	Postal Code
Home Phone Number	Cell Phone Number	
Email Address		

Additional Information

Date you can start: _____ Availability: F/T _____ P/T _____ *Casual/Relief _____.
**Casual employees must be available for work at least seven (7) shifts per week.*

Were you referred to ILHS?

If yes, please provide name and relationship to you:

Are you related to/acquainted with anyone employed by or receiving services from ILHS? Yes ___ NO ___

If yes, Please provide name and relationship to you:

Have you previously applied for work with ILHS? Approximate Date. Yes ___ NO ___

Are you currently employed? Yes ___ NO ___

If yes, where and approximately how many hours per week?



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Please list activities, excluding religious or political, that you can bring to ILHS:

Please describe any education plans, goals or training you plan to undertake in the future:

Why do you want to work for Independent Living Housing Society?

Philosophy: Please describe your personal philosophy on "independent living":



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ACKNOWLEDGEMENT OF REQUIRED CREDENTIALS & CONFIDENTIALITY COMMITMENT

This is to confirm that I, (PRINT NAME) _____ am aware that my employment with the Independent Living Housing Society of Greater Victoria is dependent upon the following minimum **mandatory** employment criteria:

1. The information contained in this application being accurate and truthful, to the best of my knowledge. I authorize the Independent Living Housing Society to investigate all statements contained in this application. I understand that misrepresentation or omission of facts will lead to immediate withdrawal from the application process up to and including termination of employment, if applicable.
2. The return of two (2) satisfactory references; with at least one being from a current employer.
3. Obtain and submit original written documentation of the following credentials as indicated:
 - a. **Current CPR and First Aid Certificate**
 - b. **Current Tuberculosis (TB) Test**
 - c. **Current Physician's Letter** - Confirming your mental and physical fitness and your ability to work in the health sector as a health care worker
 - d. **Drivers Abstract, If applicable**
4. **Criminal Record Check** - Completed by ILHS.

In addition, I understand that while working with the Independent Living Housing Society of Greater Victoria (ILHS), I may be privy to confidential information about the Society and its clients. I therefore understand that I may not repeat such information to anyone, unless authorized to do so by the Independent Living Housing Society of Greater Victoria, nor may I use this information in any manner unrelated to my employment at ILHS. I acknowledge that failure to comply with this confidentiality commitment will result in immediate termination of my employment.

5. I agree and understand that all the information and statements on my application and/or resume are correct and no attempt has been made to conceal or withhold pertinent information.

Applicant's Signature

Date Signed

Employer Representative Signature

Date Signed



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EMPLOYMENT HISTORY

Please list all your employers for at least the past ten (10) years:

Reference name and position: _____

Phone number: _____

Organization Name: _____

Position held: _____

Address: _____
Street Address City Province

Hours worked: Full-time Part-time Casual

Dates of employment: From _____ to _____

Reason for leaving: Resigned Dismissed Layoff/Restructure Can we contact

Provide details: _____

Reference name and position _____

Phone number: _____

Organization Name: _____

Position held: _____

Address: _____
Street Address City Province

Hours worked: Full-time Part-time Casual

Dates of employment: From _____ to _____

Reason for leaving: Resigned Dismissed Layoff/Restructure Can we contact

Provide details: _____

Reference name and position: _____

Phone number: _____

Organization Name: _____

Position held: _____

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Provide details: _____



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RELEASE OF INFORMATION

1. In connection with this request for information. I authorize all organizations, companies, credit agencies, persons, educational institutions, law enforcements agencies, government departments and former employers to release information they have about me and release them from any liability and responsibility from doing so. This authorization, in original and copy form, shall be valid for this and future reports that may be requested. I understand and accept the purpose of the information gathering is to determine my suitability for employment with respect to my work habits, performance and experience as well as my driving, credit, criminal, civil, educational and certification information.
2. I hereby, authorize investigation of all statements at this time with no liability arising from doing so.
3. I hereby give my consent for release of all related information to the Independent Living Housing Society of Greater Victoria, furthermore, I confirm that I have fully disclosed all employment history over the past ten years.

Applicant's Signature

Date Signed

Employer Representative Signature

Date Signed