



# Application For Employment

Return to Executive Director at: 296 Ontario St. North, Milton ON L9T 2T9, or fax to 905-878-6449

We consider applicants without regard to race, colour, sexual orientation, marital status, family status or other protected status. The consumer rights as enumerated in Bill 173 (Province of Ontario) may have an effect on the selection of applications.

## Personal Data

LAST NAME

FIRST NAME

ADDRESS

CITY

POSTAL CODE

HOME TELEPHONE

EMAIL ADDRESS

- Are you employed now
- Do you have a reliable means of transportation
- Do you have a valid Driver's Licence
- Are you 18 years of age or older?
- Are you bondable?

Do you want to work ( We operate 365 days a year)

- Full Time
- Part Time
- Casual / On-Call

## Education

	Secondary School	College or University	Graduate or Professional
Year Last Attended			
Level Completed			



Can you lift 50 pounds from a deep knee bend three times in an hour?  Yes  No

We require that you provide us with a Criminal Reference Check. Have you been convicted of a crime wherein a person in your protection and care came to harm?  Yes  No

Name any Certificates or Diplomas achieved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions.**

*It is not a test, it helps us evaluate our training and orientation needs.*

I am familiar with or know of persons who have a

- Physical Disability
- Brain Injury
- Developmental Handicap
- Mobility Impairment
- Loss of Hearing
- Loss of Sight

I have been in a place where the following equipment was used

- Power Wheelchair
- Mechanical Lift
- Oxygen
- Catheters
- Blissymbolics
- Augmentative Communication Device
- Computer

I have been in a place where the following procedures were used

- Standard/Universal Precautions
- Transferring and Lifting of a Person
- Assisting with Medications
- Bowel Routines
- Tracheotomy Care
- Range of Motion
- Preparing Meals

Please Return Completed Application to:

Executive Director  
Independent Living Halton  
296 Ontario St N  
Milton, ON  
L9T 2T9  
Fax: 905-878-6449

E-mail  
[pmoilh@independentlivinghalton.ca](mailto:pmoilh@independentlivinghalton.ca)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

