



Application for Employment

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: _____

Telephone: _____ E-mail Address: _____

- Are you currently employed?
- Do you have a reliable means of transportation?
- Do you have a valid Drivers' Licence?
- Are you 18 years of age or older?
- Are you Bondable?
- Can you lift 50 pounds from a deep knee bend three times in an hour?

- What kind of employment are you looking for?
(We operate 365 days a year)
- I am looking for full time work
 - I am looking for part time work
 - I am looking for casual/ on-call work
- Please indicate the language(s) spoken in your home? _____

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

Education

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

Please List Any Certificates or Diplomas Achieved: _____

Experience

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 procedures were used:

- Standard/ Universal Precautions
- Transferring and lifting of a person
- Assisting with medications
- Bowel Routines
- Tracheotomy Care
- Range of Motion
- Preparing Meals

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

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

Signature:

Date:

Please fill out this form and save the filled version. You can email it to:
pmoilh@independentlivinghalton.ca

Or, you can print this form and fill it out by hand, and mail it to:



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