



**COAST MENTAL HEALTH
APPLICATION FOR EMPLOYMENT**
...Improving the lives of people with mental illness

Name _____
Last First Initial

Address _____
No. Street City Province Postal Code

Contact Numbers _____
Home phone Pager E Mail Address

Position(s) applied for _____

Do you want to work: Full-Time Part-Time Casual

If part-time/casual, specify days and hours _____

Have you worked for us before? Yes No If yes, when? _____

If hired, on what date will you be available to start work? _____

Are you aware of any current health condition or disability that could affect your attendance record or preclude you from performing the duties of the job satisfactorily, or would be hazardous to the safety of your co-workers and/or clients of the Society?

Yes No If yes, explain _____

If hired, do you have reliable means of transportation to get to work? Yes No

Are you legally entitled to work in Canada? Yes No Place of Birth? Please specify _____

Do you speak any other language(s)? Yes No Please specify _____

Are you willing to translate? Yes No

Do you have a Foodsafe Certificate? Yes No

Have you had non-violent Crisis Intervention (CPI) Training? Yes No If yes, when? _____

Have you had a recent Criminal Records Check (CPIC) done? Yes No

If not, are you willing to have one done? Yes No

I have attached a copy of my drivers' abstract. Yes No

Do you have a Class IV Drivers License? Yes No

Have you had a TB test done recently? Yes No

Do you have a current First Aid Certificate: Yes No Level _____ Expiry Date _____

Education Background

Enter the schools attended and the certificates attained beginning with the most recent.

Years Attended	School	Course of Study	Degree/Diploma Attained

Describe any specialized training, apprenticeship skills and extra curricular activities _____

Are there any other experiences, skills, qualifications or workshops you have taken that you feel would especially fit you for work with us? _____

Prior Work History

List in order, most recent employer first - date must include both month and year

Start	End	Employer Name, City & Phone Number	Supervisor Name	Reason for Leaving

If you are currently employed, may we contact your current employer for a reference? Yes No

Personal References

Give the names of at least two people who can supply information pertinent to your job performance (Past instructor/supervisors, co-workers)

Name	How do they know you?	Phone No.

I understand that the Coast Foundation Society (Coast) will be checking my references and former places of work as part of the hiring process to learn about my work history and personal character. I give my permission for the representatives of the Coast to contact not only those listed but also any person, firm or corporation who would be useful in assessing my appropriateness for the job. By signing below, I release Coast and all providers of information, now and in future, from any liability as a result of furnishing and receiving this information.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements or omissions on this application shall be considered sufficient cause for dismissal. Further, I understand that my employment with Coast is contingent upon the completion of a Criminal Record check

I have read and understand the above _____
 (Applicant's Signature) (Date)

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this Society would be based only on your merit and on no other considerations.

APPLICANT: THIS PAGE TO BE COMPLETED ONCE YOU ARE EMPLOYED. In the meantime, in order to expedite your hiring, you should compile the "italicised" information requested below.

Employment Letter issued – original to employee

I have received and/or completed the following forms and information:

- Authorization to deduct Union dues
- Declaration of Confidentiality
- Union Executive Listing
- Benefit Applications (if applicable)
- Direct deposit payroll sign up sheet - requires a *void cheque or provide your branch name, transit number and account number.*
- Death Benefit
- TD1 Income Tax Declaration
- Casual availability system (if applicable)

Date of Birth: _____ - _____ - _____ Sex: Male Female
Month Day Year

Social Insurance Number: _____ - _____ - _____ *If your SIN begins with "9" please attach citizenship papers.*

Person to be notified in case of accident or emergency: _____

Phone No.: _____

If I have not already provided, I understand that I am responsible for providing Coast with the following employment requirements prior to commencing employment:

- Letter from Employees' Physician*
- TB Test (results will come after employment)*
- "Emergency First Aid – Residential Care" First Aid Certificate (or equivalent)*
- Criminal Records Check*
- Drivers License Abstract*

If I have not already acquired, I understand that I am responsible for attending the following when offered by the Society:

- Society Orientation
- Non Violent Crisis Intervention Training

I understand that I am responsible for reading and understanding, within two months of being hired:

- Coast Mental Health Policy and Reference Manual

Employee Signature _____ Date:

Employer Signature _____ Date:

(02 April 2001)