

# Chilliwack Society for Community Living Employment Application

9353 Mary Street  
Chilliwack BC V2P 4G9  
Ph: 604-792-7726 Fax: 604-792-7962  
Email: [human.resources@cscl.org](mailto:human.resources@cscl.org)  
[www.cscl.org](http://www.cscl.org)



## Pre-Hire Employment Requirements

Applicants may be interviewed prior to submitting these requirements.

- **Driver's Abstract** (within 6 months).....  
Available at your local Motor Vehicle Branch, or call 1-800-950-1498 & have them **email** or **fax** to CSCL Attention: HR, or online using ICBC's online application form: <https://onlinebusiness.icbc.com/cli/>
  - I have attached my Driver's Abstract
  - I have submitted a request to ICBC to have it sent via fax/email directly to CSCL
  
- Valid Class 4 or 5 **BC Driver's Licence**.....
  - I have attached a copy of my driver's licence
  
- **CSCL Doctor's Certificate** of Good Health .....  
Available on our website or at CSCL Main Office Reception
  - I have attached the completed form,
  - My doctor's appointment date is: \_\_\_\_\_
  
- **Consent to Criminal Record Check** .....  
*Criminal Record Checks must be obtained through the Ministry of Justice. CSCL HR Department will submit the completed consent form to the Ministry. The fee is paid by CSCL. Any additional fees (i.e. fingerprinting) will be the responsibility of the applicant. Results are non-transferable. Do not take consent form to local RCMP.*
  - I have attached the completed consent form,
  - I will submit if interviewed
  
- **Caring About Food Safety Certificate**.....  
*Caring About Food Safety website link (print PDF certificate at end of module): <http://www.health.gov.bc.ca/protect/food-safety-module/files/home.htm>*
  - I have attached a copy of my Caring About Food Safety Certificate

## Post-Hire / Probationary Requirements

- Valid **First Aid/CPR** Certificate .....
  - I have attached a copy of my First Aid/CPR Certificate
- Class 4 BC Driver's Licence  *Restricted*  *Unrestricted*.....
  - I have attached a copy of my Class 4 Licence

Date of Application: \_\_\_\_\_ Posting # (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(mandatory)

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Home Address (Physical) \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Have you applied to CSCL before? .....  YES  NO

How did you hear about us?  CSCL website  Craigslist  Indeed  WorkBC  Newspaper  School: \_\_\_\_\_

CSCL Employee: \_\_\_\_\_  Other (please specify): \_\_\_\_\_

## Conditions of Employment & General Info

Are you at least 19 years of age at the date of application? .....  YES  NO

Are you legally entitled to work in Canada? .....  YES  NO

Have you ever been charged with or convicted of any criminal offences for which you have not received a pardon that remains in effect? .....  YES  NO

Are you fluent in English (both verbal and written)? .....  YES  NO

Do you have a valid BC Driver's License? .....  YES  NO

*If Yes, what Class?*  Class 5  Class 4  Other: \_\_\_\_\_

If you currently hold a **Class 7** license, what date are you eligible to obtain a Class 5? ..... **Date:** \_\_\_\_\_

If required, do you have a reliable vehicle that you would be willing to use for work? .....  YES  NO

Are you applying to work with: .....  Adults  Children/Youth

For what type of position(s) are you applying?

- Any available     Residential Support Worker     Day Services/Community Inclusion Support Worker  
 Outreach/Life Skills Support Worker     Vocational/Supported Employment Support Worker     Child & Youth Support Worker

Have you ever been employed by CSCL?.....  YES  NO

*If Yes, provide dates & the program(s) you worked in:* \_\_\_\_\_

Do you have any relatives or anyone in your household currently employed at CSCL? .....  YES  NO

*If Yes, please provide name & relation to you:* \_\_\_\_\_

Do you have any relatives or anyone in your household currently receiving services from CSCL?.....  YES  NO

*If Yes, please provide person's name & CSCL Program/Service:* \_\_\_\_\_

Do you have any limitations to lifting, bending, kneeling, pulling or pushing?.....  YES  NO

*If Yes, please explain:* \_\_\_\_\_

## Availability

*Employees are typically hired on a casual/on-call basis; once hired, employees may apply for internal postings.*

**Minimum availability requirements: three (3) shifts per week**

Date you are available to begin work: \_\_\_\_\_

How many hours per week are you seeking? \_\_\_\_\_

CSCL provides 24/7 care to many individuals. Are you willing to take on shift work hours as assigned?.....  YES  NO

*If No, please explain:* \_\_\_\_\_

Are you willing to work night shifts (11pm-7am)?.....  YES  NO

Are you currently employed?.....  YES  NO

*If Yes, where? \_\_\_\_\_ What shifts? \_\_\_\_\_*

## Education/Training

List in chronological order beginning with the most recent.

Name & Location of School	Dates attended from (MMYY) to (MMYY)	Certificate/Diploma/Degree Completed & Date Received	Field of emphasis

## Employment History

List in chronological order beginning with the most recent.

Name & Location of Employer:	Dates of Employment (MMYY) - (MMYY)	Job Title & Duties/Responsibilities:	Reason for Leaving:
Supervisor's <b>Name &amp; Title</b> :	Permission to contact supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If No, please explain:</i>	Supervisor's Phone/Email:

Name & Location of Employer:	Dates of Employment (MMYY) - (MMYY)	Job Title & Duties/Responsibilities:	Reason for Leaving:
Supervisor's <b>Name &amp; Title</b> :	Permission to contact supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If No, please explain:</i>	Supervisor's Phone/Email:

Name & Location of Employer:	Dates of Employment (MMYY) - (MMYY)	Job Title & Duties/Responsibilities:	Reason for Leaving:
Supervisor's <b>Name &amp; Title</b> :	Permission to contact supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If No, please explain:</i>	Supervisor's Phone/Email:

## Additional Information

Why are you applying to the Chilliwack Society for Community Living?

Please describe your experience and/or education related to supporting individuals with developmental disabilities:

***Please make sure all sections are complete; incomplete applications will not be considered.  
We thank all applicants for their interest; however only applicants selected for an interview will be contacted.***

## Declaration

I certify that all information in this application is true and complete. I understand that if any information is found to be false, such information may be cause for discharge or refusal of employment. I hereby authorize the Chilliwack Society for Community Living to discuss this application and my abilities, skills, qualifications and experience in order to determine my suitability for possible employment.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_