



RESOURCEFUL FUTURES

COMMUNITY SUPPORT LTD.

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COMMUNITY DISABILITY SERVICES APPLICATION

FOR

Permitted Subcontractors and all other CDS Positions

PERSONAL DATA

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

CURRENT ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

ARE YOU CURRENTLY EMPLOYED? ___ YES ___ NO

ARE YOU CURRENTLY PROVIDING PERMITTED SUBCONTRACT SERVICES? ___ YES ___ NO

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? ___ YES ___ NO

HAVE YOU WORKED FOR RFCSL IN THE PAST? ___ YES ___ NO

If YES, PLEASE PROVIDE DETAILS:

ARE YOU WILLING TO PROVIDE US WITH A CRIMINAL RECORD CHECK? ___ YES ___ NO

ARE YOU 18 YEARS OF AGE OR OLDER? ___ YES ___ NO

DO YOU HAVE RELIABLE TRANSPORTATION? ___ YES ___ NO

WHAT TYPE OF WORK ARE YOU LOOKING FOR :

FULL TIME _____ PART TIME _____ TEMPORARY _____

WHAT POSITION ARE YOU APPLYING FOR AND WHAT ARE YOUR CREDENTIALS?

IF HIRED, WHEN COULD YOU START WORK? _____

WORK HISTORY

***LIST IN ORDER, STARTING WITH YOUR LATEST JOB.
(WORK HISTORY IS SUBJECT TO VERIFICATION)***

PRESENT OR LATEST EMPLOYER _____

ADDRESS _____

JOB TITLE _____ PERIOD WORKED FROM _____ TO _____
mo/yr mo/yr

NAME AND TITLE OF SUPERVISOR _____

REASON FOR LEAVING _____

JOB DUTIES AND RESPONSIBILITIES _____

PREVIOUS EMPLOYER _____

ADDRESS _____

JOB TITLE _____ PERIOD WORKED FROM _____ TO _____
mo/yr mo/yr

NAME AND TITLE OF SUPERVISOR _____

REASON FOR LEAVING _____

JOB DUTIES AND RESPONSIBILITIES _____

PREVIOUS EMPLOYER _____

ADDRESS _____

JOB TITLE _____ PERIOD WORKED FROM _____ TO _____
mo/yr mo/yr

NAME AND TITLE OF SUPERVISOR _____

REASON FOR LEAVING _____

JOB DUTIES AND RESPONSIBILITIES _____

WORK HISTORY(continued)

PREVIOUS EMPLOYER_____

ADDRESS_____

JOB TITLE_____ PERIOD WORKED FROM_____ TO_____
mo/yr mo/yr

NAME AND TITLE OF SUPERVISOR_____

REASON FOR LEAVING_____

JOB DUTIES AND RESPONSIBILITIES_____

PREVIOUS EMPLOYER_____

ADDRESS_____

JOB TITLE_____ PERIOD WORKED FROM_____ TO_____
mo/yr mo/yr

NAME AND TITLE OF SUPERVISOR_____

REASON FOR LEAVING_____

JOB DUTIES AND RESPONSIBILITIES_____

PREVIOUS EMPLOYER_____

ADDRESS_____

JOB TITLE_____ PERIOD WORKED FROM_____ TO_____
mo/yr mo/yr

NAME AND TITLE OF SUPERVISOR_____

REASON FOR LEAVING_____

JOB DUTIES AND RESPONSIBILITIES_____

MAY WE CONTACT ALL LISTED EMPLOYERS FOR REFERENCES? ____ YES ____ NO
IF NO, PLEASE EXPLAIN:

EDUCATION

	ELEMENTARY SCHOOL	SECONDARY SCHOOL	COLLEGE OR UNIVERSITY	GRADUATE OR PROF. SCH.
YEAR LAST ATTENDED				
LEVEL COMPLETED	4 5 6 7 8	9 10 11 12 13	1 2 3 4 5	1 2 3 4 5
CERTIFICATES, DIPLOMAS, DEGREES				
COURSE OF STUDY				
LIST ANY SPECIALIZED TRAINING, SKILLS, AWARDS, PROF. DESIGNATIONS AND OTHER EDUCATION				

EDUCATION INFORMATION IS SUBJECT TO VERIFICATION IF AN OFFER OF EMPLOYMENT IS EXTENDED

PLEASE READ CAREFULLY

Application Waiver

In exchange for the consideration of my job application by Resourceful Futures, I agree that:

The acceptance of this application shall not serve to create an actual or implied contract of employment, or to confer any right to be or remain an employee of Resourceful Futures.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Resourceful Futures permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Resourceful Futures from any liability as a result of such contact.

All personal information collected in the application form and/or through investigation (background checks) is confidential information, will be treated as such and safeguards put in place to protect the information. In addition, the information collected will only be used for the purpose for which it was collected.

APPLICANT SIGNATURE_____

DATE_____

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