

# RYGIEL Supports for Community Living

930 Upper Paradise Road  
Hamilton ON L9B 2N1

Tel: (905) 525-4311

## EMPLOYMENT APPLICATION

### Personal Information

Date:

Surname:

Given Name:

Home Address:

Unit #:

City:

Province:

Postal Code:

Home Phone:

Business Phone:

Cell:

Valid Driver's License:

License Class:

Years of driving experience

Yes  No

G1  G2  G

1-3 years  3-5 years  more than 5 years

Are you legally eligible to work in Canada? Yes  No

Have you ever worked for Rygiel in the past, either in a volunteer or paid capacity? Yes  No

If yes, please indicate when, in which capacity and under what name:

### Position You Are Applying For

Title: PART-TIME PERSONAL SUPPORT WORKER

Available for Shift Work: Yes  No

Please Check : Days

Evenings

Nights

Sleepovers

Available to Start:

Expected Hourly Wage:

### Education Record

High School:

Grade Completed:

Dates Attended:

Post Secondary:

Diploma or Degree:

Dates Attended:

Other Education:

Diploma or Degree:

Dates Attended:

### Job Prerequisites

CPR : Yes  No

Dates Attended:

Pharmacology:\*\* Yes  No

Std. First Aid: Yes  No

Dates Attended:

\*\* Must be attained during probation at own cost & time

### Related Courses and Experience

Dates:

Dates:

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**PLEASE COMPLETE THIS SECTION IF YOU ARE NOT ATTACHING YOUR UP-TO-DATE RESUME**

**WORK HISTORY** (give information about your last 3 jobs, starting with the most recent)

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1-Employer \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

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Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

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Title/Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

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2-Employer \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

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Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

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Title/Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

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3-Employer \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

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Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

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Title/Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

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**REFERENCES: THIS SECTION MUST BE COMPLETED**

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1-Name of Supervisor: \_\_\_\_\_ Company/Organization: \_\_\_\_\_

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Business (Day) Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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Address: \_\_\_\_\_

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2-Name of Supervisor: \_\_\_\_\_ Company/Organization: \_\_\_\_\_

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Business (Day) Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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Address: \_\_\_\_\_

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**IMPORTANT: PLEASE READ CAREFULLY**

My signature below certifies that the information contained in this APPLICATION FOR EMPLOYMENT is true to the best of my knowledge and I further understand that if I am hired, any false statements, including relevant omissions may be reason for termination of my employment. Furthermore if I am hired, I agree to abide by all policies and procedures established by the Employer and any rules and regulations set forth in the terms of the Collective Agreement under CUPE Local 3009. I further consent to allow Rygiel Supports for Community Living to contact all my previous employers and references, as well as to conduct any other appropriate job related reference checks. I understand that Rygiel Supports for Community Living will contact me only in the event that I am granted an Interview.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_