



ILS APPLICATION FOR EMPLOYMENT OPPORTUNITIES

hr@ils.on.ca

(PLEASE PRINT CLEARLY AND COMPLETE ALL THE INFORMATION ON THIS FORM)

PERSONAL INFORMATION

Name _____
Given Name Last Name

Address _____
Apt. Street City Province Postal Code

Home Telephone Number () _____

Business Telephone Number () _____

Type of work applying for:

Full Time **Part Time** **Casual**

Attendant Care

Management/Professional _____

Administrative _____

Days and hours available to work: _____

Are you legally entitled to work in Canada? **Yes** **No**

Do you have a valid drivers license? **Yes** **No**

If Yes, Do you have a reliable vehicle? **Yes** **No**

EDUCATION

(Do not write in the name of the school, college or university)

Secondary School Highest grade or level completed: _____

Type of certification or diploma obtained: _____

Community College name of program: _____

Diploma Received: **Yes** **No** Length of program: _____

University Major _____ Degree awarded **Yes** **No**

Describe any additional training that relates to the position being applied for:

EMPLOYMENT/VOLUNTEER HISTORY

(Please indicate which positions were employment and/or volunteer, telephone numbers must be provided)

1. Name and address of present/past employer: _____

Job title _____ **Period of Employment:** _____
(From To)

Name of Contact Person: _____ **Title:** _____

Telephone: _____

Duties/Responsibilities: _____

Reason for leaving: _____

2. Name and address of present/past employer: _____

Job title: _____ **Period of Employment:** _____
(From To)

Name of Contact Person: _____ **Title:** _____

Telephone: _____

Duties/Responsibilities: _____

Reason for leaving: _____



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3. Name and address of present/past employer: _____

Job title: _____ **Period of Employment:** _____
(From To)

Name of Contact Person: _____ **Title:** _____

Telephone: _____

Duties/Responsibilities: _____

Reason for leaving: _____

REFERENCES

ILS requires a minimum of three (3) work related references

I hereby authorize the previous employers listed above and any listed below to release any or all information to Independent Living Services for the purpose of my reference check.

Previous Employer / Company Name

City / Prov.

Dept.

Immediate Supervisor

Company Telephone Number



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Applicant's Name: _____
Please Print

Applicants Signature

Date

Witness

Date

Additional Related Skills Or Activities (optional)

List any additional work related skills, volunteer experiences or training, which you feel would be of benefit to your work with Independent Living Services.

Have you attached an additional sheet or resume: Yes No

I hereby declare that the information is true and complete to my knowledge. I understand that a false statement may disqualify me from an employment position with ILS.

Signature: _____ Date: _____

Send your application using the following options:

Mailing Address: Independent Living Services
1102-44 Cedar Pointe Drive
Barrie, Ontario L4N 5R7
Attn: Human Resources

Email: hr@ils.on.ca

Fax: 705-737-1874
Attn: Human Resources