

**(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:** ( ) \_\_\_\_\_

**Cell/Mobile Number:** ( ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**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 driver's 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:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**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:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Duties/Responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Name and address of present/past employer: \_\_\_\_\_

\_\_\_\_\_

Job title: \_\_\_\_\_ Period of Employment: \_\_\_\_\_  
(From To)

Name of Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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.



**ILS APPLICATION FOR  
EMPLOYMENT OPPORTUNITIES**

[hr@ils.on.ca](mailto:hr@ils.on.ca)

Dept.

Immediate Supervisor

Contact Telephone Number

Supervisor E-mail

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Previous Employer / Company Name

City / Prov.

Dept.

Immediate Supervisor

Contract Telephone Number

Supervisor E-mail

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Previous Employer / Company Name

City / Prov.

Dept.

Immediate Supervisor

Contact Telephone Number

Supervisor E-mail

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**Applicant's Name:** \_\_\_\_\_

Please Print

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**Applicants Signature**

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**Date**

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**Witness**

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**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.

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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](mailto:hr@ils.on.ca)

Fax: 705-737-1874  
Attn: Human Resources