



Mailing Address:
 #200-4252 Commerce Circle
 Victoria BC V8Z 4M2
www.integralsupportservices.com

Application for Employment

PART 1 – PERSONAL INFORMATION *(Please Print)*

Date: _____

Name: First _____ Middle _____ Last _____

Permanent Address: *(include postal code)* _____

Phone: _____ Cell: _____ Email: _____

Position applied for: _____ Date you can start: _____

Are you 19 years of age or older? Yes No
 Do you have a cell phone you can use in emergencies? Yes No

Are you legally able to work in Canada? Yes No
 Are you in Canada on a work permit? Yes No

Do you, or have you ever had, any family, friends or acquaintances work for ISS? *Please note: this will not impact your eligibility for employment.*

Yes Name: _____
 No

Do you have a criminal record? Yes No

If yes, please explain: _____

PART 2 – EDUCATION AND TRAINING

	Name and Location	Years Completed	Did You Graduate?	Degree(s) or Diploma Diploma(s) Received
HIGH SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
UNIVERSITY/COLLEGE		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you completed any of the following courses?

Food Safe Yes No
 Non-Violent Crisis Intervention Yes No From where? _____
 Basics of Medication Yes No From where? _____

Please list any professional associations, memberships, and/or community involvement you have: _____

PART 3 – REQUIREMENTS FOR EMPLOYMENT

Do you possess the following?

- Valid First Aid/CPR Yes No
- TB screen (within the last 12 months) Yes No
- Clear Driver's Abstract Yes No
- a) Valid BC Driver's Licence Yes No
 b) If yes, which class: Class 5 Class 4
 c) If you do NOT have a Class 4, are you able to obtain one within 3 months of employment, *(if applicable)*? Yes No
- Are you able and willing to obtain a certificate of good health from your physician? Yes No
- a) Do you have access to a reliable vehicle? Yes No
 b) Year of the vehicle: _____
 c) Is the vehicle well maintained? Yes No
 d) Do you have, or are you willing to purchase, Extended Third Party Liability coverage of \$2 million, *(if applicable)*? Yes No



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PART 4 –EMPLOYMENT HISTORY *(last three positions held)*

1. Position:	From:	To:	Name of Employer:
Duties:			
2. Position:	From:	To:	Name of Employer:
Duties:			
3. Position:	From:	To:	Name of Employer:
Duties:			

PART 5 – AVAILABILITY

On-call (casual) availability

- What shifts are you available to work: Days Evenings Nights Weekdays Weekends
 Asleep Overnight Awake Overnight
- Are you available 7 days a week? Yes No
- Do you currently attend school OR will you be attending school in the near future? Yes No
- Do you work anywhere else at this time? Yes No
 If yes, where? _____ What shifts? _____

PART 6 – REFERENCES

If you are hired for a position with Integra, you will be required to provide two (2) written references with contact information for confirmation. **Please Note:** One of your references must be from your last place of employment. If you have any concerns with this, please provide an explanation below.

PART – CERTIFICATION

- I understand that if hired by Integra, obtaining and providing the documents listed above, *(two written references, valid First Aid Certificate, Drivers Abstract, TB Test and Physician's Note)*, within two (2) weeks of my start date is mandatory and a condition of my employment with Integra.
- I certify that the information provided in this application and attached resume is complete and true.

Signature of Applicant

Date of Application (mm/dd/yy)

X

Note: This application is not valid unless signed by the applicant. If you are completing this application online, by typing your name in the signature block you acknowledge that this is the equivalent of you signing the application.



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Written Questions

Please answer the following questions and provide a minimum of 5 sentences for each question.

How would you define leadership? Provide an example.

What does the word team mean to you and what do you think it takes to create a successful team?

Have you worked with people who are non-verbal? List some non-verbal communication tools that you would use to understand the person's wishes?

What are the 5 types of abuse? If you were to witness, or were made aware of, a fellow employee's abusive behaviour, how would you handle it?
