



Mailing Address:  
 #200-4252 Commerce Circle  
 Victoria BC V8Z 4M2  
[www.integralsupportservices.com](http://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)*

<b>1. Position:</b>	<b>From:</b>	<b>To:</b>	<b>Name of Employer:</b>
<b>Duties:</b>			
<b>2. Position:</b>	<b>From:</b>	<b>To:</b>	<b>Name of Employer:</b>
<b>Duties:</b>			
<b>3. Position:</b>	<b>From:</b>	<b>To:</b>	<b>Name of Employer:</b>
<b>Duties:</b>			

## 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.

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## 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.*

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How would you define leadership? Provide an example.

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

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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?

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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?