



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 entitled to work in Canada?

Yes No

Have you resided outside of Canada in the past 5 years?

If yes, where:

Do you have any family, friends or acquaintances working for ISS?

No
 Yes Name:

Have you been referred to Integra by a current employee?

No
 Yes Name:

Have you been convicted of an offence for which a pardon has not been granted? 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
 Basics of Medication Yes No

PART 3 – REQUIREMENTS FOR EMPLOYMENT

Do you possess the following?

1. First Aid/CPR Yes No
2. TB screen (within the last 12 months) Yes No
3. Clear Driver's Abstract Yes No
4. 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
5. Physicians Certificate of Health? Yes No
6. a) Do you have access to a reliable vehicle? Yes No
 b) Do you have, or are you willing to purchase, Extended Third Party Liability coverage of \$2 million, (if applicable)? Yes No
7. Criminal Record Check? Yes No



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

Application for Employment

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:

<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends
<input type="checkbox"/> Asleep Overnight	<input type="checkbox"/> Awake Overnight			
- If yes, where? Do you work anywhere else at this time? Yes No
 What shifts?

PART 6 – REFERENCES

If you are hired for a position with Integra, you will be required to provide two or three written references *(if applicable)* 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 requirements for employment listed above, 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.

X

Signature of Applicant

Date of Application (mm/dd/yy)

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.