

## APPLICATION FOR EMPLOYMENT

MBS Residence

You must print your legal name in full:

\_\_\_\_\_

\_\_\_\_\_

First Name Last Name

\_\_\_\_\_

\_\_\_\_\_

Apt. Street Address City Province Postal Code

\_\_\_\_\_

\_\_\_\_\_

Telephone Home Telephone Cell Email Address

\_\_\_\_\_

Position you are applying for

\_\_\_\_\_

Date from which you are available

A driver's license is not required for most positions. However, this information is helpful for suitable placement.

I have a valid Manitoba driver's license Yes  No

I have a vehicle I could use daily for work Yes  No

I prefer to work Full time  Part Time  Relief

I am willing to work Days  Evenings  Weekends  Overnights

We have five (5) different daily shifts: Indicate with a check mark **all** of the shift times you **are available** to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00 am - 7:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 am - 8:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:00 pm - 7:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 pm - 8:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 noon - 12:00 noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT DECLARATIONS**

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

If you answered yes, please confirm:

You have a valid Social Insurance Number (SIN): Yes  No

You have a Work Permit: Yes  No

You have a Study Permit: Yes  No

**2. Have you ever been investigated for neglect or abuse of a vulnerable person** Yes  No

**3. Have you ever had employment with any organization assisting vulnerable people, that is not listed on your resume/application?** Yes  No

**4. As the job will have a physical component to it, do you have any physical limitations that might prevent you from fully performing the duties of the job while maintaining safety standards at all times?** Yes  No

*(Supporting our clients involves physical movement, including but not limited to bending, twisting, reaching, crouching, standing and lifting. Previous injuries or existing conditions may increase risk of injury on the job.)*

**5. Were you referred to MBS Residence?** Yes  By whom? \_\_\_\_\_ No

**6 Are you also known by any other name? Do you use a nickname or shortened name at work and in the community?** Yes  No

If so, what is it? \_\_\_\_\_

### PREVIOUS EMPLOYMENT

(If you have already listed this information in detail on your resume, you may skip the section.)

_____ Company or Agency Name	_____ Your Title or Position		
_____ Company Street Address	_____ Date Started	_____ Until	
_____ Company City	_____ Province	_____ Postal Code	_____ Name of your Supervisor or Manager
_____ Company Telephone	_____ Telephone of your Supervisor or Manager		

_____ Company or Agency Name	_____ Your Title or Position		
_____ Company Street Address	_____ Date Started	_____ Until	
_____ Company City	_____ Province	_____ Postal Code	_____ Name of your Supervisor or Manager
_____ Company Telephone	_____ Telephone of your Supervisor or Manager		

_____ Company or Agency Name	_____ Your Title or Position		
_____ Company Street Address	_____ Date Started	_____ Until	
_____ Company City	_____ Province	_____ Postal Code	_____ Name of your Supervisor or Manager
_____ Company Telephone	_____ Telephone of your Supervisor or Manager		

**EDUCATION**

Completed High School or GED? Yes  or last grade completed: \_\_\_\_\_

Community College or Trade?  Diploma  Certificate  Incomplete

University?  Degree  Diploma  Certificate  Incomplete

**Formal Post Secondary Education**

Name of Program	School/College/University/Institution	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Training, Courses, Volunteer Work**

Name of Program	Institution	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

I affirm that I have truthfully and fully answered the questions in this application. I understand that any information I have provided in this application or on my resume may be verified by MBS Residence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature