



L'ARCHE GREATER VANCOUVER

Application Form for Casual Position

General Information

First Name		Last name		Are you over the age of 19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender
Address			City	Province	Postal Code
Home Telephone		Cell phone		E-mail Address	
Are you a licensed driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you been driving?	Class of your driver's license		Can you leagally work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	

English Proficiency

Languages you speak:					
Please rank your level of English by circling the appropriate number in the column to the right. 1 = Beginner 2 = Intermediate 3 = Advanced			Verbal Communication		Written Communication
			1 2 3		1 2 3

Educational Background (Starting with High School)

School or Institution	Program	Start Date	End Date	Diploma or Degree Received

Work Experience

* FT: Full-time, PT: Part-time

Name of Employer	Location	Type of Work (Please indicate FT/PT)	Start Date	End Date

Do you hold a valid First Aid/CPR certificate? If yes, please also indicate the expiry date.

Other Relevant Skills or Experiences:

Describe any personal experiences you have had with people with developmental disabilities?

How do you know about us and why are you interested to work with us?

When would you be available to work for L'Arche? Start Date: _____ End Date: _____

*Earliest morning support starts at 6:30am , and evening support normally finishes at 9pm, 9:30pm or 10:30pm.

*Please circle to indicate your overnight availability. Overnight support times are 10:30pm – 6:30am.

*Mark "X" if you are not available for a certain period of time or entire day

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM-From		AM-From		AM-From		AM-From		AM-From		AM-From		AM-From	
AM-Until		AM-Until		AM-Until		AM-Until		AM-Until		AM-Until		AM-Until	
PM-From		PM-From		PM-From		PM-From		PM-From		PM-From		PM-From	
PM-Until		PM-Until		PM-Until		PM-Until		PM-Until		PM-Until		PM-Until	
Over-night	Y / N	Over-night	Y / N	Over-night	Y / N	Over-night	Y / N	Over-night	Y / N	Over-night	Y / N	Over-night	Y / N

Signature _____

Date _____