

**Ottawa West Community Support
HOME SUPPORT WORKER APPLICATION**

Date: _____

Name: _____

Telephone #: _____

Address: _____

Postal Code: _____

Are you eligible to work in Canada? Yes:___ No: ____

Languages: _____

Allergies or physical limitations:_____

Smoker: Yes _____ No_____

Means of transportation:_____

Have you ever been charged or convicted of a criminal offence? Yes _____ No _____

Do you agree to undergo a criminal reference check? Yes _____ No _____

EDUCATION/TRAINING:

Post secondary education:_____

Date of completion:_____

Name of Institution:_____

Other (courses, workshops, conferences):

WORK EXPERIENCE (list in chronological order, starting with last position)

Position: _____

Employer: _____ Telephone #: _____

From: _____ To: _____

Duties: _____

Reason for leaving:_____

Position: _____
Employer: _____ Telephone #: _____
From: _____ To: _____
Duties: _____

Reason for leaving: _____

Position: _____
Employer: _____ Telephone #: _____
From: _____ To: _____
Duties: _____

Reason for leaving: _____

VOLUNTEER EXPERIENCE

Agency: _____

Responsibilities: _____

From: _____ To: _____

Agency: _____

Responsibilities: _____

From: _____ To: _____

OTHER RELEVANT EXPERIENCE

Why do you want to be a Home Support Worker?

What personal attributes do you have that would be of benefit in this position?

When would you be available to work?

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>Morning</i>							
<i>Afternoon</i>							
<i>Evening</i>							
<i>Overnight</i>							

Time limitations:

REFERENCES (no family members or friends).

Name: _____ Position: _____
Address: _____ Telephone #: _____
Relationship to you: _____

Name: _____ Position: _____
Address: _____ Telephone #: _____
Relationship to you: _____

Name: _____ Position: _____
Address: _____ Telephone #: _____
Relationship to you: _____

FOR OFFICE USE ONLY

References

Name: _____ Date: _____

Comments: _____

Name: _____ Date: _____

Comments: _____

Name: _____ Date: _____

Comments: _____

Supervisor's Notes: _____

Date: _____



**OTTAWA WEST COMMUNITY SUPPORT
SERVICE COMMUNAUTAIRE D'OTTAWA-OUEST**

AUTHORIZATION / RELEASE OF INFORMATION

Ottawa West Community Support is authorized to obtain information from present and former employers, or from those named on my Application for Employment. Information obtained is to be considered as “Confidential and Privileged”, and used only for purposes of assessing employment suitability in relation to current capabilities, including work skills, work habits and personal character.

By this Authorization, Ottawa West Community Support, and all who may provide information as referenced herein, are released from any liability which may otherwise ensue.

Applicant's Signature

Date

Witness