

**Ottawa West Community Support
PAID 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 _____

LEVEL OF EDUCATION:_____ **Name of Institution:**_____

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:_____

INTERESTS: _____

WORK AREAS

Please check-mark the jobs you are willing to do:

	General housework		Wash walls and windows
	Wash floors		General yard cleanup
	Ironing		Cut grass
	Laundry		Gardening
	Meal preparation		Snow shovelling
	Painting		Odd jobs (handyman)

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>							

VOLUNTEER EXPERIENCE/EXPERIENCE WORKING WITH SENIORS

Responsibilities: _____

REFERENCES (not family or friends)

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: _____

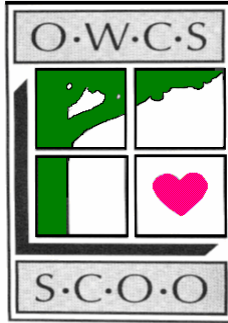
Name: _____ Date: _____

Comments: _____

Emergency Contact: _____ Telephone #: _____

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

Paid Work Program / Les service rémunérés
Waiver for Workers / Dégagement des aides à domicile

Workers will indemnify and save harmless Ottawa West Community Support for personal injuries or property damage by whomsoever made, arising out of the administration or operation of the Community Support Program.

Les travailleurs tiendront indemnes à couvert le Service Communautaire Ottawa-Ouest de toute poursuite relative aux blessures personnelles ou au dommages à propriété découlant de la gestion ou de l'administration du Programme du soutien communautaire.

Signature of Worker
Signature du Travailleur

Date

Signature of Coordinator
Signature de la Coordonnatrice

Date