

Building healthy communities

EMPLOYMENT APPLICATION FORM

						Received Date:	
	ete All Sections U or type of work	nless Otherwise Indi	cated – Please	Print			
What Ty	ype of Employme Available for:			Permanent Seasonal		Full TimeIPart TimeIOn CallI	
	-						
	Surname		G	iven Names			
	Address		City		Postal Code		
	Home Phone		City	Work			
	Email			Cell			
		o perform your dutie	s likely to be af		ent or previous illne	ess or disability?	
Р		s, please give details		,	·	,	
-		s, picase give actails					
Е							
R							
S Have you ever been convicted of a criminal offence relevant to the position applied for?						or?	
0	Yes No						
Ν		-		•	• •	nployment offer will l	
Α					•	tor search. Continue	
	employment w	ith the YMCA is dep	endent upon m	aintaining that s	status.		
L							
	Are you at least 15 years of age? Yes No						
	Are you legally entitled to work in Canada? Yes No Work Visa expiry dat					te (if applicable):	
	Do you have a SIN? Yes No *SIN must be provided by successful candidates upon hiring.						
	(Optional) Do y U Wor	rou belong to one of men D Visible M	the following e inority DP	equity groups? ersons with Disa	abilities	First Nations	
ernal		urrent Position:			Division/Location	:	
olicatio		Full Time Pa On Call	rt Time 🛛	Seasonal	Length of Service	:	

Updated February 2024

	YMCA BC			Bui con	lding health nmunities
	Name & Location of School or	Course,	Diploma/Degree/T.Q.	Date	End Date
Е	Institution	Program,		Started	
D	High School:	Major, etc.			
U	College/University:				
С	Vocational, Trade, Technical:				
А					
т	Post Graduate:				
I	Other Training eg. coaching, aquatics, fitness certification, etc.:				
0					
Ν					
	Attached copies of degrees, diplomas, co	ertification etc	Yes 🗆 No		

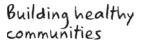
S	Other relevant experience	or skills, including volunteer	and leadership roles:	
Κ				
Ι	First Aid Certificate:	Languages:	Drivers License:	Computer Skills:
L			Class:	
L				
S				



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To be Completed by All Applicants

E	1. Present or Last Employer (if unemployed):	From:	To:	
∟ ≺	Position Title:	Supervisor's Name:		
-				
)	Duties:	Supervisor's Title and Phone:		
=		Notice Required:		
7	2. Previous Employer:	From	То:	
_	Position Title:	Supervisor's Name:		
-	Duties:	Supervisor's Title and Phone:		
N		Reason for Leaving		
2				
Ξ	3. Previous Employer:	From:	To:	
	Position Title:	Supervisor's Name:		
	Duties:	Supervisor's Title and Phone:		
		Reason for Leaving:		
□ Sp	ow did you hear about this employment opportuni Event Social Media Website Radio TV becify:	Job Board D Newspaper	Google 🗖 Indeed 🗖 Other	
lf	yes, where and when?			
	nereby authorize the YMCA of Northern BC to cont	act present and previous er	mployers for confidential referen	
Pe	ersonal Reference (only if employment reference is	s unavailable)		
Na	ame:	Phone:		
0	ccupation:			
U	pdated February 2024		Page 3 of 4	



Declaration Applicable to All Applicants Including Current Employees

I certify that I have read the above statements. I further certify that all of the statements made by me in this application are true and complete to the best of my knowledge. I understand and agree that falsification or omission of information called for will make me subject to discharge from employment. I understand that I need to provide a valid SIN in order to commence employment.

I understand that any employment offer will be contingent upon a clear criminal record check and vulnerable sector search and that it is my responsibility to make sure this search is completed.

Signature

/MCA

Date

The information you have provided will be used to determine your suitability for employment -

please check it for completeness. A resume and cover letter highlighting your fit to the position

should be attached. This application will only be acknowledged if you are applying for an

advertised position and are short listed for an interview. Applications must be received in the

appropriate office on or before closing date.