



BROADMEAD
Care Society

*Excellence in Care for
Veterans and Seniors*

EMPLOYMENT APPLICATION

Instructions:

Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility.
A separate application is required for each position/competition. Applications must be received at the appropriate closing location by the date indicated in the advertisement.
An electronic version of this form is available at www.broadmeadcare.com

Freedom of Information and Protection of Privacy Act

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Public Service Act*. All information to us will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

OFFICE USE ONLY

DATE RECEIVED

POSITION INFORMATION

COMPETITION NO.	POSITION TITLE, MINISTRY AND LOCATION	CLOSING LOCATION	COMPETITION CLOSING DATE YYYY / MM / DD
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FOR GENERAL APPLICATION Full Time Part Time TYPE(S) OF POSITION – please describe

Indicate (✓) the type of employment you are requesting

PERMANENT	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARY	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFORMATION

LAST NAME	FIRST NAME	INITIALS	Is your age at least 15 years and less than 65 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENCE TELEPHONE NO. ()
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE	BUSINESS TELEPHONE NO. – or message ()
				EMAIL

LEGAL STATUS TO WORK IN CANADA – documentation may be required

<input type="checkbox"/> CANADIAN CITIZEN	<input type="checkbox"/> LANDED IMMIGRANT/ PERMANENT RESIDENT	Do you have a disability that may require accommodation in the work place? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what accommodation would you need?
<input type="checkbox"/> WORK PERMIT	<input type="checkbox"/> OTHER – please specify:		

CURRENT EMPLOYMENT STATUS

Are you currently an employee in the Public Service of British Columbia?

<input type="checkbox"/> NO <input type="checkbox"/> YES – If YES, include (✓) status ▶	<input type="checkbox"/> REGULAR <input type="checkbox"/> ORDER IN COUNCIL <input type="checkbox"/> AUXILIARY	EMPLOYEE I.D. provide employee I.D	IF AUXILIARY, provide start date and the number of days/hours you expect to have worked up to the closing date of the competition. START DATE NO. OF DAYS/ HOURS YYYY / MM / DD
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EDUCATION & TRAINING

Please describe secondary, post secondary, courses and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed. Official documentation may be required. Attach a separate page if necessary.

NAME OF INSTITUTION OR ORGANIZATION	LOCATION	YEAR TAKEN	AREA OF STUDY / COURSE	GRADE / CERTIFICATION / DIPLOMA / DEGREE	COMPLETED YES NO (✓)
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

ASSOCIATION / PROFESSIONAL AFFILIATIONS

List any active memberships or registrations in a professional or career related organization or society.

WORK HISTORY

Have you previously been employed in the Public Service of British Columbia? NO YES, indicate ministry(ies) and dates:

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties and Skills" describe the *major* duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a previous name, please specify. Attach additional pages if required.

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD	
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ()	REASON FOR LEAVING		
POSITION HELD BY APPLICANT		JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS				

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD	
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ()	REASON FOR LEAVING		
POSITION HELD BY APPLICANT		JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS				

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD	
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ()	REASON FOR LEAVING		
POSITION HELD BY APPLICANT		JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS				

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD	
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO. ()	REASON FOR LEAVING		
POSITION HELD BY APPLICANT		JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS				

SKILLS / EXPERIENCE

Check (✓) areas of skills/experience that you have which relate to the advertised position or, if this is a general application, to the position(s) that interests you, and attach any appropriate documentation.

	NET SPEED	NO. OF YEARS/MONTHS EXPERIENCE/ TRAINING	LIST RELATED EQUIPMENT, HARDWARE AND/OR SOFTWARE APPLICATIONS
<input type="checkbox"/> KEYBOARDING			
<input type="checkbox"/> DATA ENTRY			
<input type="checkbox"/> SOFTWARE APPLICATIONS			
<input type="checkbox"/> HARDWARE APPLICATIONS			
<input type="checkbox"/> OTHER			

SKILLS / ACHIEVEMENTS

Briefly summarize your knowledge and major skills / achievements which relate to the advertised position or, if this is a general application, to the position(s) that interests you. You may use this space to enter other information you would like us to consider in reviewing your application. Attach additional pages if required.

DRIVER'S LICENSE INFORMATION

Provide the following information if applying for a position where driving is a requirement.

List class(es) of valid driver's license.

List any restrictions / endorsement definitions on license.

If required, do you have access to a vehicle for use on government business?

YES

NO

REFERENCES

Reference checks will be conducted to assess your past work performance and may include checks of attendance records.

In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

NAME	TELEPHONE NO.	RELATIONSHIP	NO.OF YEARS KNOWN
	()		
	()		
	()		

APPLICANT SIGNATURE

- Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below).
- In accordance with the Standards of Conduct Policy for Public Service Employees, to avoid potential conflict you may be required to provide information about direct relatives or persons with whom you share a household who are employed at the Broadmead Care Society.
- Your authorization on this application form is your consent that as a condition of being considered for employment in the Broadmead Care Society, references about past work performance will be obtained from your current and previous employers
- I hereby authorize a Criminal Record Check if required.
- I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

SIGNATURE

X

DATE SIGNED
YYYY / MM / DD