

Education	
Applicant	Co-Applicant
Secondary School Attended:	Secondary School Attended:
Grade Achieved:	Grade Achieved:
Post-Secondary Institution Attended:	Post-Secondary Institution Attended:
Country:	Country:
Diploma/Degree Achieved:	Diploma/Degree Achieved:
Year Graduated:	Year Graduated:

Communication Skills: In order to meet licensing requirements for staffing and supervision of residents, the care provider(s) and any respite staff must be able to communicate effectively in English.			
Please complete the table below. *Note: Additional information related to language competency may be required.			
Applicant		Co-Applicant	
a) Canadian High School Grade 10 (not GED)	<input type="checkbox"/>	a) Canadian High School Grade 10 (not GED)	<input type="checkbox"/>
b) Completed a post secondary or diploma/degree in Canada	<input type="checkbox"/>	b) Completed a post secondary or diploma/degree in Canada	<input type="checkbox"/>
Certificate enclosed for b) or c) ? Yes <input type="checkbox"/> No <input type="checkbox"/>		Certificate enclosed for b) or c) ? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Work History: List the most recent employer first; you may include a resume.	
Applicant	Co-Applicant
1) Name of Employer:	1) Name of Employer:
Address of Employer:	Address of Employer:
Dates Employed:	Dates Employed:
Position Held:	Position Held:
2) Name of Employer:	2) Name of Employer:
Address of Employer:	Address of Employer:
Dates Employed:	Dates Employed:
Position Held:	Position Held:
3) Name of Employer:	3) Name of Employer:
Address of Employer:	Address of Employer:
Dates Employed:	Dates Employed:
Position Held:	Position Held:

References List three persons (not related to you), who may be contacted for a written reference. Relevant references pertaining to the area of disability is preferred. Three current employment references are preferred; however, two employment references and one character reference will be accepted.

Applicant	Co-Applicant
1) Name:	1) Name:
Mailing Address:	Mailing Address:
Postal Code:	Postal Code:
Telephone #:	Telephone #:
Relationship to you:	Relationship to you:
2) Name:	2) Name:
Mailing Address:	Mailing Address:
Postal Code:	Postal Code:
Telephone #:	Telephone #:
Relationship to you:	Relationship to you:
3) Name:	3) Name:
Mailing Address:	Mailing Address:
Postal Code:	Postal Code:
Telephone #:	Telephone #:
Relationship to you:	Relationship to you:

We _____, agree to the terms of this application process, confirm that all
(PRINT APPLICANT'S/ CO-APPLICANT'S NAME)

the information in this application is accurate and hereby give permission for our references to be contacted at any given time.

Applicant's Signature _____ Date: _____

Co-Applicant's Signature _____ Date: _____