

KARDEL

#209-2951 Tillicum Road, Victoria, B.C. V9A 2A6
 E-mail: kardelconsulting@hotmail.com

Phone: (250) 382-5956 or (250) 382-5959
 Fax: (250) 382-5997

REFERENCES

Reference checks will be conducted to assess your past performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, please provide two professional and one personal (non-relative) reference who has known you for over five years. If any references have known you by a previous name, please specify.

NAME	TELEPHONE NO.	RELATIONSHIP	NO. OF YEARS KNOWN
1.			
2.			
3.			

May we contact your references? YES NO

Do you wish to be consulted prior to our conducting a reference check with your past or present employers?

PAST EMPLOYERS YES NO PRESENT EMPLOYERS YES NO

WORK HISTORY

Beginning with you 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			TO		
		Y	M	D	Y	M	D
SUPERVISOR - Reference:	SUPERVISOR'S PHONE NO.	REASON FOR LEAVING:					
POSITION:	JOB CLASSIFICATION - If applicable	SALARY	NO. OF PEOPLE SUPERVISED - If applicable				
DUTIES AND SKILLS:							

EMPLOYER AND LOCATION		FROM			TO		
		Y	M	D	Y	M	D
SUPERVISOR - Reference:	SUPERVISOR'S PHONE NO.	REASON FOR LEAVING:					
POSITION:	JOB CLASSIFICATION - If applicable	SALARY	NO. OF PEOPLE SUPERVISED- If applicable				
DUTIES AND SKILLS:							

EMPLOYER AND LOCATION		FROM			TO		
		Y	M	D	Y	M	D
SUPERVISOR - Reference:	SUPERVISOR'S PHONE NO.	REASON FOR LEAVING:					
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Kardel's mission is to help people with developmental disabilities have a good life and to respect their personal choices.

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DUTIES AND SKILLS:

Have you ever been fired? YES NO

Name of employer: _____

REASON: _____

EDUCATION AND TRAINING

Please describe secondary, post secondary, courses and training which have given you work-related knowledge and skills.

Start with the highest level achieved and specify the degrees, certificates or diplomas completed.

Official documentation may be required. Please include CPR / First Aid training, and FoodSafe certificates. Attach a separate page if necessary.

NAME OF INSTITUTION OR ORGANIZATION	LOCATION	DATES OF ATTENDANCE	AREA OF STUDY / COURSE	GRADE / CERTIFICATE/ DIPLOMA/DEGREE	Completed?	
					YES	NO

ASSOCIATIONS / PROFESSIONAL AFFILIATIONS

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

SKILLS / ACHIEVEMENTS

Briefly summarize your knowledge and major skills / achievements which relate to the advertised position. You may use this space to enter other information you would like us to consider in reviewing your application. Attach additional pages if required.

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ADDITIONAL INFORMATION

Please provide the following information if you have a direct relative* or share the same household with an individual employed by, or a client of, Kardel Consulting Services.

* Parent, spouse, common law relation, brother, sister, grandparent, son or daughter.

NAME	HOUSE	POSITION
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****** QUESTIONS FOR CASUAL (ON-CALL) APPLICANTS ******

1. Are you available for all shifts? Yes No

1.a If no, what shifts are you available for? _____

2. Do you currently attend school? Yes No

2.a If no, will you be attending school in the near future? Yes No

2.b Are you on a waiting list for enrolment to any school? Yes No

If yes, where? _____

3. Do you work anywhere else at this time? Yes No

3.a If yes, where? _____

What shifts? _____

CERTIFICATE

Note: Please read carefully before signing. This application is **not valid unless signed by the applicant.**

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

DATE SIGNED

	Y	M	D

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