

KARDEL CONSULTING SERVICES INC.

INDIVIDUAL SUPPORT NETWORK

#205-2951 Tillicum Road, Victoria, B.C. V9A 2A6
Fax: (250) 382-5997

Contact: Jen Neely Phone: 382-5995
E-mail: kardelconsulting@hotmail.com

INFORMATION FOR APPLICANTS

Thank you for expressing interest in Individual Support Network

Individual Support Network (ISN) helps adults with a developmental disability live independently in their community and to participate fully in their community. The program is geared to helping people achieve the goals they establish for themselves.

The network provides life skills training that may include shopping, budgeting, home maintenance, and/or self care. Training also helps people learn social skills to enhance their circles of support. Staff members assist peoples' access to community resources for financial, vocational, health and housing needs. Advocacy is provided as required.

To be considered for employment and prior to interviews, a completed application (attached) and a resume are required. Employees require a relevant certificate or one year related experience. Requirements for the position are listed below. A panel of three managers screens the applications, with consideration of the candidate's availability, experience, and education. After screening, suitable candidates will be contacted for an interview, which takes place generally once a month.

Candidates who are interviewed will be notified if they are hired or not hired. One manager is designated to serve as a contact to ensure all documentation is on file and to schedule the successful candidate for orientation shifts.

Requirements

To ensure employees are fully qualified for the position, the following documentation is required prior to commencement of orientation shifts:

- Negative tuberculosis test within the past year; available through the TB Clinic, 1902 Fort Street, Victoria, 519-1510. Appointments must be booked in advance.
- Current signed Doctor's authorization that the person is able to complete the duties of a community support worker, and is free from communicable diseases. A form is available from Kardel for candidates to take to their Doctor.
- Criminal Records Check requested by the employee from their local police department. The record must be completed within the previous six months. The original must either be submitted, or seen by Kardel administrative staff and the copy signed by the person who screens the original.
- Valid First Aid including C.P.R. certificate, CPR alone does not qualify. Adult Residential Care Certificate offered through St. John's Ambulance is one example of a valid certificate.
- Submission of a current driver's abstract, which may be requested from **978-8300**. Have it faxed to **#382-5997**.
- Mental Health Worker Certificate, Addiction Studies Diploma or Certificate, Community Support Worker Certificate; Resident Care Aide/Home Support Worker certificate; or equivalent post secondary certificate: OR: one year relevant experience. Proof of academic credentials as stated on the employment application.
- Business Vehicle Insurance

Documentation Payment

- After submission of a Criminal Records Check and original receipt of proof of payment, hired employees will be reimbursed the cost of the Criminal Record Check on their first pay check.
- Will reimburse the cost difference between business and personal vehicle insurance

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EMPLOYMENT APPLICATION

INSTRUCTIONS:

X Please complete all sections as thoroughly as possible, even if you are attaching a resume. This application will introduce us to your experience, education and skills. It is necessary to provide complete information, as this will be used to determine eligibility. Past work performance checks will be conducted prior to appointment. All information provided to us will be considered confidential in the competition process.

POSITION INFORMATION

COMPETITION CLOSING
DATE
yy / mm / dd

POSITION TITLE

LAST NAME	FIRST NAME	INITIALS	TELEPHONE NUMBER:
			E-MAIL ADDRESS:
MAILING ADDRESS		CITY	PROVINCE
			POSTAL CODE

CITIZENSHIP STATUS <input type="checkbox"/> Canadian citizen / Permanent Resident <input type="checkbox"/> Other - Please specify _____	Is your age at least 19 years and less than 65 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL INSURANCE NO. - -
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REQUIREMENTS

Please provide the following information if relevant to the position you are applying for or if this is a general application:

DO YOU POSSESS:

- A valid First Aid certificate (renewed in the last 24 months)? YES NO
- A Criminal Record Check (acquired within the last 6 months)? YES NO
- A Tuberculosis Screen within the last 12 months? YES NO
- Do you have access to a vehicle for business use? YES NO
 - Full privilege license ? YES NO
 - New Driver/Learner license? YES Date eligible for full privilege _____

OFFICE USE ONLY
COPY IN FILE:

OFFICE USE ONLY	
DATE RECEIVED: _____	
DATE INTERVIEWED: _____	
INTERVIEWER INITIALS: _____ / _____ / _____	
PROCEED TO REFERENCE CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO	CHECKED BY: _____
REFERENCES: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
COLLECT DOCUMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
WORKSITES SUGGESTED TO VISIT: 1) _____ . 3) _____	
2) _____ . 4) _____	

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.

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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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POSITION:	JOB CLASSIFICATION - If applicable	SALARY	NO. OF PEOPLE SUPERVISED - If applicable
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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 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.

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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.

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? _____

CERTIFICATION

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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KARDEL CONSULTING SERVICES INC.
#209-2951 Tillicum Road, Victoria, B.C. V9A 2A6 Phone: (250) 382-5959 Fax: (250) 383-2835

Our mission is to provide high quality community based services to people with developmental disabilities on South Vancouver Island

Admin/forms book\employments\CSW Application Package