



201-170 WALLACE STREET
 NANAIMO, BC V9R 5B1
 PH: (250) 754-2773
 FAX: (250) 754-1605

EMPLOYMENT APPLICATION

NARSF Programs Ltd. is committed to employment equity, supporting human rights and operating a workplace free of discrimination and harassment. Please complete this application to your best ability. Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose your application for employment.

Position Applying For: _____
Available Start Date: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual

Contact and Demographic Information -----

Name: _____	Able to lift 10Kg: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address: _____		
City/Town: _____	Province: _____	Postal Code: _____
Telephone: _____	e-mail: _____	
Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Access to reliable vehicle: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Education and Training -----

List the highest levels (high school, college, university etc.) of education completed or in progress. Please attach a resume with further education and training details.

Name of Institution: _____		
Type of Certification: _____	<input type="checkbox"/> Certificate or <input type="checkbox"/> Diploma or <input type="checkbox"/> Degree in:	
Level of Completion: _____	<input type="checkbox"/> Completed: _____ <input type="checkbox"/> In Progress, complete by: _____	
Name of Institution: _____		
Type of Certification: _____	<input type="checkbox"/> Certificate or <input type="checkbox"/> Diploma or <input type="checkbox"/> Degree in:	
Level of Completion: _____	<input type="checkbox"/> Completed: _____ <input type="checkbox"/> In Progress, complete by: _____	

Professional Designations (e.g. RN, RCC, CYC, etc.):

Workplace Courses and Training (e.g. First Aid, Non-Violent Crisis Intervention, ASIST, Cultural Competency, etc.):

Course/Training: _____	Completed: _____	Valid until: _____
Course/Training: _____	Completed: _____	Valid until: _____
Course/Training: _____	Completed: _____	Valid until: _____
Course/Training: _____	Completed: _____	Valid until: _____

Technical Skills: **Microsoft Office:** Word Excel Outlook Powerpoint Publisher OneDrive Access Sharepoint Teams **Adobe:** Reader Acrobat Photoshop Illustrator **Social Media:** Facebook YouTube Instagram SnapChat Twitter **Other:** Database Software Troubleshooting Website Development/Maintenance Other:



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Employment History -----

List your most relevant employment experiences. Please attach a resume with further employment details.

Employer:	Type of Business:
Position Held:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Student/Practicum
Duration of Employment:	Reason for Leaving:
Employer:	Type of Business:
Position Held:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Student/Practicum
Duration of Employment:	Reason for Leaving:

Confirmation and Signature -----

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

I have completed this application myself and understand that if I have given false information about myself, NARSF Programs LTD. (NARSF) is free to reject this application or end my employment contract.

I understand that:

- 1) *If NARSF feels it is necessary, a pre-employment health screening, including TB skin test and/or chest x-ray, will be completed, to demonstrate that I meet an acceptable standard of health.*
- 2) *If hired, I will be required to serve the probationary period.*
- 3) *NARSF has a policy that employees may not report directly to/supervise a relative. Will this application put you in conflict with this policy? Yes No If yes, please indicate the name of and position that your relative holds: _____*

If NARSF hires me, I agree to:

- 1) *Follow all the policies provided to me by NARSF, and recognize that if I do not, my employment contract may be cancelled.*
- 2) *Sign a confidentiality agreement.*
- 3) *Allow pay deductions for related provincial and federal contributions and NARSF benefits.*
- 4) *Complete a criminal record check (CRC) for the vulnerable sector and recognize that I will cover the cost of that CRC and may be refunded by NARSF.*
- 5) *Allow NARSF to collect reference information from employers and/or education facilities and confirm I will not slander NARSF or my previous employers/education facilities for the information collected.*

I certify that the information in this application is accurate and complete.

Applicant Signature: _____ Use e-signature, or type name for electronic confirmation	Date: _____	Resume attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Cover letter attached: <input type="checkbox"/> Yes <input type="checkbox"/> No