



EMPLOYMENT APPLICATION FORM

A: GENERAL INFORMATION															
First Name:	Last Name:														
Address:	Unit #:														
City/Town:	Postal Code:														
Telephone (H):	Telephone (C):														
Email:															
B: PREVIOUS EXPERIENCE															
1) Have you ever worked as a Home Cleaner before? <input type="checkbox"/> Yes <input type="checkbox"/> No															
2) Please tell us about your work experience:															
<table border="1"><thead><tr><th>Organization</th><th>Position Held</th><th>From (MM/YY) – To (MM/YY)</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Organization	Position Held	From (MM/YY) – To (MM/YY)												
Organization	Position Held	From (MM/YY) – To (MM/YY)													
C: AVAILABILITY															
Please indicate the shifts that you are available to commit to :															
Morning 8am-12noon	<table><tr><td>Mon</td><td>Tue</td><td>Wed</td><td>Thu</td><td>Fri</td><td>Sat</td><td>Sun</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	Tue	Wed	Thu	Fri	Sat	Sun									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Afternoon 12noon-5pm	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<i>Please note this information serves as a general guideline and does not guarantee you will be scheduled at these times.</i>															

D: REFERENCES

Please provide the names of three professional (employer/colleague) references we may contact.

1. Name: Relation:	Phone Number:	E-mail:
2. Name: Relation:	Phone Number:	E-mail:
3. Name: Relation:	Phone Number:	E-mail:

I hereby give permission for Better Living Health and Community Services to contact the references listed to conduct reference checks. I understand that the information will be obtained and kept in strict confidence and may be used to determine my eligibility for employment.

E: AGREEMENT

Thank you for your interest in Better Living. **Please read and note the following carefully before signing and dating:**

I understand that the main purpose of the information provided on this application form is to:

- Apply for employment as *Home Cleaner* with Better Living Health and Community Services
- Be only available to authorized staff if/when necessary

Signature of Applicant:

Date:

Thank you for your time and interest in Better Living. Please return completed application package to:

Better Living Health and Community Services
1 Overland Drive, North York, Ontario M3C 2C3
Phone: 416-447-7244 | Email: hr@betterlivinghealth.org