



Our Neighbourhood Living Society
15 Dartmouth Rd., Suite 210
Bedford NS B4A 3X6
Telephone: 902-835-8826
Fax: 902-835-8826
Email: bjack@accesswave.ca

Dear Applicant:

Thank you for your interest in Our Neighbourhood Living Society. All the information needed to complete your application is included in this package. In order to entertain the possibility your participation in a Student Practicum Placement the following needs to be completed:

1. Criminal Record Check.
2. Child Abuse Register –. The applicant must fill out the form, provide a photocopy to prove your identity and return it with your application.
3. Please provide copies of all pertinent school information etc.
4. Up-to-date Resume.
5. Completed application Form below.

Please return the completed application package to Our Neighbourhood Living Society.

Sincerely,

Barry Jack
Human Resource
Executive Director

ONLS is an Equal Opportunity Employer. It is the policy of ONLS to recruit, hire and promote for all job classifications and administer all personnel functions without regard to race, creed, color, religion, ancestry, national origin, marital status, pregnancy, sexual preference, personal disability, sex or age.

I. PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Phone ()
City	Postal Code	Province	Business Phone ()
If accepted, can you provide verification of your security checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Social insurance Number that allows you to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name:	Do you know anyone who is working for our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name and relationship:		
Have you ever worked for ONLS? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", When: Position:	Can you meet all attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Why:		

II. STUDENT INTERESTS

Position Desired: Student Placement	Date Available:	Salary Desired: NA	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Type of Placement Desired:	Days and hours available for work:		
How were you referred to our organization?			

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Did you Graduate	Certificate or Degree received
High School			<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. REFERENCES (Business references who we can contact who have knowledge of your employment & competence)

Name	Title and Company	Phone #	Describe Work Relationship

V. STUDENT INFORMATION (Begin with Current or Most Recent Employer)

1	Company Name and website link if applicable		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	Province	Postal Code		
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company Name and website link if applicable		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	Province	Postal Code		
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company Name and website link if applicable		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	Province	Postal Code		
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please account for any time you were not employed in the last 10 years, or since leaving school.

Time Period:

Reason for Being Unemployed:

VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below – can be signed at a later time.

Initial	I hereby certify that I have not withheld or misstated any material facts that might adversely affect my application for placement and that the answers given by me are true and correct. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure placement shall be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initial	I hereby authorize ONLS to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further, I authorize my former employers listed in this application to speak to officials of and disclose to ONLS any and all letters, reports, and other information related to my work records, without giving, me prior notice of such disclosure. I authorize disclosure of this information in compliance with and in waiver of my rights under applicable privacy legislation.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to reside and work in the Canada.
Initial	I understand that nothing contained in this application or conveyed during the interview process is intended to create an employment contract between ONLS and me. In addition, I also understand that if accepted I may be terminated if my services prove to be unsatisfactory.
Applicant's Signature: _____	
Date: _____	