



Heritage Hall 28 John St, Shelburne ~ **Mayflower Place** 3466 Hwy #3, Barrington Passage ~ **Atlantic Waves** 6 Beech St, Lockeport
Shelburne Group Home 117 Clements Street, Shelburne ~ **Barrington Developmental Residence** 3454 Barrington Passage
Independent Living Support Program

PO Box 59, 170 Water Street, Shelburne, NS B0T 1W0
Phone (902) 875-1083 Fax (902) 875-1056
Email sasi@ns.aliantzinc.ca Website www.supportinginclusion.ca

APPLICATION FOR EMPLOYMENT

***Include Cover Letter and Resume with this Application**

Date: _____

Full Name: _____

Address: _____

Phone # _____ (H) _____ (W) _____ (C)

E-Mail: _____

Please circle the locations/programs for which you are applying or for which you are available to work:

Residential Services: (Community Support Worker)

- Shelburne Group Home, Town of Shelburne
- Barrington Developmental Residence, Barrington Passage
- Supported Living Program, Shelburne & Barrington

Vocational/Employment Services: (Program Instructor)

- Heritage Hall, Town of Shelburne
- Mayflower Place / Sea Spray, Barrington Passage
- Atlantic Waves, Lockeport

Employment Desired (Please note: Generally any “new” positions available are considered casual/on-call unless otherwise indicated in a job posting):

- Full-Time
- Part-Time
- Casual
- Summer

When are you available to work?

Are you available to work shifts?

Employment history for the past ten years:

<u>Position</u>	<u>Place of Employment</u>	<u>Term of Employment</u>
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Certificates, Diplomas or Training you have pertinent to the position for which you are applying: _____

List Three References (one must be from your most recent employer)

1. Phone #:
2. Phone #:
3. Phone #:

A Criminal Records Check and Vulnerable Sector Search is required upon being hired to a position. A response indicating a criminal record may negate employment.

The signing of this form indicates that consent is given to the Employer to access all information that is pertinent to verification of skills, qualifications, work experience, etc.

The facts set forth in this application for employment with the Shelburne Association Supporting Inclusion are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature _____ Date _____