



EMPLOYMENT APPLICATION

Position being applied for

Date available to begin work

PERSONAL DATA

Last name

Given name(s)

Address: Street

Apt. No.

Home Telephone Number

City

Province

Postal Code

Bus. Telephone Number

Email Address

Languages written

Languages spoken

Are you legally eligible to work in Canada?

Yes

No

Are you willing to relocate in Ontario?

Yes

No

Preferred Location:

To determine your qualifications for employment, please provide below and on the reverse, information related to your academic and other achievements including volunteer work, as well as employment history. Additional information may be attached on a separate sheet.

EDUCATION

SECONDARY SCHOOL

BUSINESS OR TRADE SCHOOL

Highest grade or level completed

Name of program

Length of program

License, certificate or diploma awarded?

Yes

No

Type

COMMUNITY COLLEGE: Diploma / Degree awarded:

Yes

No

Honours

Name of Program

Major Subject

Length of
Program

1 Year

2 Years

2+ Years

UNIVERSITY: Diploma / Degree awarded:

Yes

No

Honours

Length of
Program

3 Years

4 Years

4+ Years

Name of Program

Major Subject

Other courses, workshops, seminars



EMPLOYMENT APPLICATION

WORK RELATED SKILLS

Describe any of your work related skills, experience, or training that relate to the position being applied for.

EMPLOYMENT HISTORY

Job Title(s)

Name of present / last employer

Name of Supervisor

Address of employer

Phone

Type of Business

Functions / Responsibilities

Period of employment (includes leaves of absence related to maternity / parental leave, Worker's Compensation claims, disability, or human rights complaints)

From

To

Reason for leaving (do not include leaves of absence related to maternity / parental leave, Worker's Compensation claims, disability, or human rights complaints)

Job Title(s)

Name of previous employer

Name of Supervisor

Address of employer

Phone

Type of Business

Functions / Responsibilities

Period of employment (includes leaves of absence related to maternity / parental leave, Worker's Compensation claims, disability, or human rights complaints)

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REFERENCES

For employment references may we approach:

Your present / last employer?

Yes

No

Your former employer(s)?

Yes

No

List references if different than above.

- 1.
- 2.
- 3.

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature

Date



Canadian Mental
Health Association
Sudbury/Manitoulin

Association canadienne
pour la santé mentale
Sudbury/Manitoulin

Succursale de Sudbury /Manitoulin Branch
111, rue Elm Street, Suite/local 100
Sudbury, ON P3C 1T3
Tel./tél.: 705-675-7252
Fax/télec.: 705-675-7247

Please use this page if you have any information that you could not fit into the form above.



SCENARIO QUESTIONS

POSITION: YOUTH MENTAL HEALTH COURT OUTREACH WORKER

Please answer the following questions:

1. An understanding of the Youth Criminal Justice Act will be important in this positions. Please describe the key components of the Act and how you believe knowledge and understanding of the legislation will be of benefit within the scope of this position



SCENARIO QUESTIONS

4. A goal of this program is to be the bridge between Youth and Adult services. There will be opportunities to identify people in need of assistance from either the Adult or youth Health Services and make appropriate referrals. Please describe your knowledge of these two sectors and how you would assist the person in accessing the services.



JOB APPLICATION SCREENING

Please complete the following information.

Name:

Date:

JOB COMPETENCIES

EDUCATIONAL PREPARATION

What is your highest level of Education?

Grade 12 - GED

Certificate

Diploma

Degree

Master's Degree

LANGUAGE CAPACITIES

Are you bilingual (English and French)

Yes

No

Do you speak another language along with English or French?

Yes

No

If so, indicate which language.

EXPERIENCE AND KNOWLEDGE (PAID ONLY)

Do you have at a minimum 1 year experience working with people who have a serious mental illness?

Yes

No

Do you have experience working with people with a serious mental illness in their home of place of shelter?

Yes

No

Do you have experience working with individuals who are homeless?

Yes

No

Do you have experience intervening with individuals who are in crisis and/or suicidal?

Yes

No

Do you have experience working with people who have substance use disorder?

Yes

No

Are you knowledgeable of community resources in Sudbury/Manitoulin?

Yes

No

Are you knowledgeable of pertinent legislation affecting clients? (e.g. Mental Health Act, Ontario Works, Tenant Protection Act?)

Yes

No

Do you have experience in advocating for individuals within the Mental Health, Criminal Justice, and Social Service systems?

Yes

No

Do you have experience in community development and community education?

Yes

No

Are you able to assess client needs and develop service plans that respond to client needs and preferences?

Yes

No

Have you demonstrated the ability to work effectively with a wide variety of professionals?

Yes

No

EXPERIENCE AND KNOWLEDGE (PAID ONLY) Continued.

Are you interested in working as part of a team?	Yes	No
Are you able to work independently in a non-structured environment?	Yes	No
Are you able to work flexible hours?	Yes	No
Do you have a strong belief in a client directed practice?	Yes	No
Do you have a non-judgmental attitude towards individuals who choose alternative lifestyles?	Yes	No
Have you demonstrated the ability to establish and maintain good working relationships with clients, colleagues, and the community at large?	Yes	No
Do you have a valid Canadian class G driver's license?	Yes	No

Note: Misrepresentation shall disqualify you from employment or be considered just cause for dismissal.

Signature:

Date: