

Succursale de Sudbury /Manitoulin Branch 111, rue Elm Street, Suite/local 100 Sudbury, ON P3C 1T3

Sudbury, ON P3C 1T3 Tel./tél.: 705-675-7252 Fax/téléc.: 705-675-7247

### **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

Major Subject

Length of <sup>1 Year</sup>
Program <sup>2 Years</sup>

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2+ Years

UNIVERSITY: Diploma / Degree awarded: Yes No Honours

Length of 3 Years 4 Years

Name of Program Major Subject Program

4+ Years

Name of Program

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## **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 employe	r	Name of Supervisor
Address of employer		Phone
Type of Business		
Functions / Responsibilities		
Period of employment (includes Compensation claims, disability		aternity / parental leave, Worker's
From	То	
Reason for leaving (do not inclu Compensation claims, disability		maternity / parental leave, Worker's
Job Title(s)		
Name of previous employer		Name of Supervisor
Address of employer		Phone
Type of Business		
Functions / Responsibilities		
Period of employment (includes Compensation claims, disability		aternity / parental leave, Worker's
From	То	



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# **EMPLOYMENT APPLICATION**

Reason for leaving (do not include leave Compensation claims, disability, or huma		ity / parental leave, Worker's
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 Compensation claims, disability, or huma	•	/ parental leave, Worker's
From	То	
Reason for leaving (do not include leave Compensation claims, disability, or huma		nity / parental leave, Worker's
REFERENCES		
For employment references may we approach Your present / last employer? Your former employer(s)? List references if different than above.	ch: Yes No Yes No	
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>I hereby declare that the foregoing information false statement may disqualify me from empty</li> </ol>		owledge. I understand that a
Signature	Date	



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

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### **SCENARIO QUESTIONS**

#### POSITION: RESIDENTIAL WORKER - HARM REDUCTION HOME

#### **Definition of the Harm Reduction Home Includes:**

The Harm Reduction Home (HRH) is a supportive residential program which will be serving 15 individuals from the local community that are impacted by homelessness/risk of homelessness along with alcohol dependence. The Harm Reduction Home operates within the context of a managed alcohol, resident centered, harm reduction, residential program that provides multi-disciplinary support to meet the daily needs of individuals. The HRH is intended to offer a supportive living environment and tools and opportunities for social and skills development. The program requires co-operative living where the residents, in conjunction with staff, will share the responsibility of managing the residence.

### Please answer the following questions:

1. The Harm Reduction Home will be the 6th Managed Alcohol Program (MAP) established nationally. Please describe the benefits this program can have on program participants. How will you contribute as a Residential worker to the potential in the home through programming?



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## **SCENARIO QUESTIONS**

2. The recovery philosophy is promoted in the CMHA Programs and Services. "Understanding that recovery is a journey of healing and transformation enabling persons to live a meaningful life in community while striving to reach full personal potential". Please share your approach in building hope in their recovery with people you would be supporting?

3. How would you respond and support a resident who has presented to the residence overly intoxicated? What type of skills/attributes would assist you through this challenge?



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## **SCENARIO QUESTIONS**

4. Describe how you would approach engaging an individual from a marginalized population. What types of barriers do you think they face in the community? How would you help them in overcoming these barriers?

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# **JOB APPLICATION SCREENING**

Please complete the following	g information.				
Name:		Date:			
JOB COMPETENCIES					
EDUCATIONAL PREP	ARATION				
What is your highest level of Grade 12 - GED	Education? Certificate	Diploma	Degree	Master's l	Degree
LANGUAGE CAPACIT	TES				
Are you bilingual (English and Do you speak another language If so, indicate which language	age along with Eng	lish or French?		Yes Yes	No No
EXPERIENCE AND KI	NOWLEDGE (P	AID ONLY)			
Do you have at a minimum mental illness?	1 year experience v	working with people v	who have a serious	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 wor	rking with individua	ls 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 per Ontario Works, Tenant Prote	•	affecting clients? (e.ç	g. Mental Health Act,	Yes	No
Do you have experience in a Justice, and Social Service s		iduals within the Mer	ntal Health, Criminal	Yes	No
Do you have experience in o	community develop	ment and community	education?	Yes	No
Are you able to assess clien needs and preferences?	t needs and develo	p service plans that I	respond to client	Yes	No

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

No

Yes

EXPERIENCE AND KNOWLEDGE (PAID ON	LY) 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 individu lifestyles?	als who choose alternative	Yes	No
Have you demonstrated the ability to establish and main with clients, colleagues, and the community at large?	ntain good working relationships	Yes	No
Do you have a valid Canadian class G driver's licens	se?	Yes	No
Note: Misrepresentation shall disqualify you from employ	ment or be considered just cause for di	<mark>smissal.</mark>	
Signature:	Date:		