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/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

Name of Program _____ Major Subject _____

Length of Program: 1 Year ☐ 2 Years ☐ 2+ Years ☐

UNIVERSITY: Diploma / Degree awarded: ◯ Yes ◯ No ☐ Honours

Name of Program _____ Major Subject _____

Length of Program: 3 Years ☐ 4 Years ☐ 4+ Years ☐

Other courses, workshops, seminars _____

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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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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 present / last employer

Name of Supervisor

Address of employer

Phone

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From

To

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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 _____

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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: INDIGENOUS SOCIAL 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. As an Indigenous Social Worker how will you support the individuals and integrate the indigenous culture into programming?

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SCENARIO QUESTIONS

2. Describe how you would approach and engage 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?

3. Pat Deegan describes how to support clients and their choices. She references the Supporting Client Choice Continuum that identifies a way to help people while responding in a way that supports recovery (recovery-orientated). Please describe your understanding of this approach. Please give an example that illustrates a decision made that has taken into account this continuum.

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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: _____