

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 Home Telephone Number Apt. No.

**Province** Postal Code Bus. Telephone Number City

**Email Address** 

Languages spoken Languages written

Are you legally eligible to work in Canada? No Yes

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**

Name of program Highest grade or level completed Length of program

License, certificate or diploma awarded? No Yes

Type

**COMMUNITY COLLEGE:** Diploma / Degree awarded: Yes No Honours

> 1 Year Length of

Program Name of Program Major Subject

2 Years 2+ Years

**UNIVERSITY:** Diploma / Degree awarded: Yes No Honours

3 Years Length of

4 Years Program Name of Program Major Subject 4+ Years

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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 leaves of Compensation claims, disability, or human			aternity / parei	ntal leave, Worker's
Job Title(s)				
Name of present / last employer			Name	e of Supervisor
Address of employer			Phone	е
Type of Business				
Functions / Responsibilities				
Period of employment (includes leaves of a Compensation claims, disability, or human			ernity / parenta	ıl leave, Worker's
From	То			
Reason for leaving (do not include leaves of Compensation claims, disability, or human			aternity / pare	ntal leave, Worker's
REFERENCES				
For employment references may we approach: Your present / last employer? Your former employer(s)? List references if different than above.	Yes	No 'es	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 employ</li> </ol>				l 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: RECEPTIONIST**

# Please answer the following questions:

1. All positions in the agency are important as they all contribute to the achievement of the agency's mission and vision. Please describe how you feel the position of Receptionist fits within the organization and the importance of the role to support the organization's culture.



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### **SCENARIO QUESTIONS**

2. The Mental Health Recovery philosophy is promoted within our agency. Describe your knowledge of Recovery in mental health and how you would promote Recovery oriented practice within the position of receptionist?

3. An individual presents to the agency and requests support. You have some difficulty in understanding clearly the request due to a language barrier. In your attempt to support the individual, they become frustrated. Please describe your customer service approach and explain how you would assist this individual and their frustrations?

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# **JOB APPLICATION SCREENING**

Please complete the follow	ving information.				
Name:	Date:				
JOB COMPETENCIE	S				
EDUCATIONAL PRE	PARATION				
What is your highest level Grade 12 - GED	of Education? Certificate	Diploma	Degree	Master's	Degree
LANGUAGE CAPAC	CITIES				
Are you bilingual (Englis Do you speak another langual If so, indicate which langual	guage along with Engl	lish or French?		Yes Yes	No No
<b>EXPERIENCE AND</b>	KNOWLEDGE (P	AID ONLY)			
Do you have at a minimu mental illness?	m 1 year experience v	working with people	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 v	working with individual	ls who are homeless	3?	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 i Justice, and Social Service		duals within the Mer	ntal Health, Criminal	Yes	No
Do you have experience i	n community develop	ment 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?

No

Yes

EXPERIENCE AND KNOWLEDGE (PAID ON	NLY) Continued.		
Are you interested in working as part of a team?		Yes	No
Are you able to work independently in a non-structured	l 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 individ lifestyles?	uals who choose alternative	Yes	No
Have you demonstrated the ability to establish and ma with clients, colleagues, and the community at large?	intain good working relationships	Yes	No
Do you have a valid Canadian class G driver's licer	nse?	Yes	No
Note: Misrepresentation shall disqualify you from emplo	yment or be considered just cause for dis	<mark>smissal.</mark>	
Signature:	Date:		