

L'ARCHE ANTIGONISH
ASSISTANT APPLICATION

NAME: _____ MALE _____ FEMALE _____

PRESENT MAILING ADDRESS: _____

PHONE : _____ E-MAIL: _____

DATE OF BIRTH (OPTIONAL) _____ (day/month/year)

All applicants other than Canadian Citizens; Landed Immigrants and Permanent Residents of Canada require a Visa to be employed by L'Arche.

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES _____ NO _____

DO YOU ANTICIPATE ANY DIFFICULTIES IN OBTAINING A WORK VISA? YES _____ NO _____ IF YES, PLEASE ELABORATE _____

HAVE YOU WORKED IN, VOLUNTEERED IN, OR VISITED ANOTHER L'ARCHE COMMUNITY? _____ IF SO, WHICH ONE _____ YEARS IN WHICH YOU LIVED IN THIS COMMUNITY _____

HAVE YOU APPLIED TO ANOTHER L'ARCHE COMMUNITY?: _____

HIGHEST LEVEL OF EDUCATION COMPLETED _____

DO YOU HAVE A VALID DRIVER'S LICENCE? YES _____ NO _____
NUMBER OF YEARS' DRIVING EXPERIENCE _____

DO YOU HAVE CURRENT CPR AND FIRST AID TRAINING? YES _____ NO _____

HOW DID YOU LEARN ABOUT L'ARCHE AND L'ARCHE COMMUNITIES? _____

WHAT ATTRACTS YOU TO L'ARCHE? _____

WHEN WOULD YOU BE AVAILABLE TO START?: _____

HOW LONG WOULD YOU HOPE TO BE IN L'ARCHE? _____

HOW WOULD YOU DESCRIBE YOUR ABILITY TO SPEAK ENGLISH? _____

HOW WOULD YOU DESCRIBE YOUR ABILITY TO SPEAK FRENCH? _____

DO YOU SUFFER ANY PHYSICAL AILMENTS WHICH COULD BRING ABOUT AN EMERGENCY SITUATION (ALLERGIES, DIABETES, EPILEPSY, ETC)? _____

DO YOU HAVE ANY HISTORY OF INJURIES (e.g. BACK PROBLEMS), OR DRUG/ ALCOHOL DEPENDANCY? _____ IF SO, WHAT? _____

DO YOU HAVE ANY HISTORY OF PSYCHIATRIC TREATMENT?

ARE YOU RECEIVING ANY PRESCRIBED MEDICATIONS? IF SO, WHAT? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? _____

**REFERENCES (NAME, ADDRESS & TELEPHONE # AND EMAIL ADDRESS):
PLEASE GIVE DETAILS OF THREE REFEREES WHOM WE MAY CONTACT IN
CONNECTION WITH YOUR APPLICATION. AT LEAST ONE REFEREE, AND IF
POSSIBLE ALL THREE, SHOULD HAVE KNOWN YOU FOR MORE THAN 3 YEARS.
THEY CAN NOT BE MEMBERS OF YOUR FAMILY**

1. This person must have known you for more than 3 years.

2. This person must have known you in a professional capacity (e.g. employer, teacher, supervisor, clergy)

3. Other referee:

**Applicants should also email your CV or resume to: larche.antigonish@ns.sympatico.ca
I declare that the information given on this form is to the best of my knowledge true and complete. I agree to any Criminal Records Bureau or Police check which may be required as part of L'Arche's recruitment procedures.**

Applicant

Date