

BECONNECTED EMPLOYMENT APPLICATION

SECTION 1: PERSONAL INFORMATION

Last Name	First Name	Middle Initial(s)
Preferred Name	Preferred Pronouns (<i>He/She/They/Ze</i>)	
	City	Postal Code
Cell Phone No.	Home Phone No.	
Email:		

BeConnected uses a system called Shift Shark to call out available shifts. How would you like to receive these notifications? ☐ Text to Cell ☐ Voice Message to Cell ☐ Voice Message to Home Phone

Position Applied For: _____ Date you can start: _____

Are you legally entitled to work in Canada? ☐ No ☐ Yes

Are you currently in Canada on a work or student visa? (*If yes, please attach a copy*) ☐ No ☐ Yes

Have you worked for or applied to work at BeConnected (*formerly Becon Support Services, Connell Services Ltd., and Cornerstone Community Support Services*) in the past? ☐ No ☐ Yes

Do you have a direct relative or share the same household with an individual employed by BeConnected?
☐ No ☐ Yes - Please provide their name and relationship: _____

SECTION 2: REQUIREMENTS FOR EMPLOYMENT

Note: All successful applicants will be required to apply for a Criminal Record Check (to be completed by BSS) and submit a Driver's Abstract, Physician's Assessment (BSS form), and Tuberculosis Screen (conducted within the past 12 months).

Do you possess the following?

1. **Valid First Aid Certificate with CPR Level C** ☐ Yes ☐ No

If yes, expiry date: _____

2. **Valid BC Driver's License:** ☐ Class 4 ☐ Class 5 ☐ Class 7N ☐ Class 7L ☐ None

If Class 7, please indicate the date eligible for your class 5 license: _____

If you do not have a Class 4 driver's license, are you willing to obtain one within three months of employment? ☐ Yes ☐ No

3. **Proof of 2+ doses of the COVID-19 Vaccine (*or single dose of J&J*)** ☐ Yes ☐ No

SECTION 3: EDUCATION AND TRAINING

Please describe all relevant education obtained (e.g. High School, College, University)

Name of Institution or Organization	Dates Attended	Area of Study/Course	Certificate / Degree / Diploma Obtained

Do you have any of the following certifications?

- | | | |
|---|------------------------------|-----------------------------|
| 1. Food Safe | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Basics of Medications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Positive Behaviour Intervention (e.g. SIVA, MANDT) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please list any other relevant training or education:

SECTION 4: EMPLOYMENT HISTORY

Please provide information for the last 3 positions held.

Name of Employer:	Position:	From:	To:
Duties:			

Name of Employer:	Position:	From:	To:
Duties:			

Name of Employer:	Position:	From:	To:
Duties:			

Have you excluded any current or previous employers from the list above? ☐ Yes ☐ No

If yes, for what reason?

SECTION 5: REFERENCES

BeConnected requires a minimum of three references, two of which must be professional.

Professional References

Organization	Supervisor Name	Phone Number	Email

Personal References

Name	Relationship	Phone Number	Email

SECTION 6: AVAILABILITY

Please select the shifts you are available for:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you anticipate a change to your availability in the near future (e.g. returning to school, other employment, etc.)? ☐ Yes ☐ No

If yes, please explain:

SECTION 7: CERTIFICATION

Note: Please read carefully before signing. This application is not valid unless signed by the applicant. If you are completing this application online, by typing your name in the signature block you acknowledge that this is the equivalent of you signing the application.

I certify that the information provided in this application or attachments/resume is true and complete. I understand that if any information in this application or attachments/resume is untrue or incomplete that my application will be rejected. I understand that if I am successful at acquiring employment with BeConnected Support Services and in the future the information in my application is proven untrue I will be dismissed and my employment terminated.

I understand that submitting this application does not guarantee employment.

I give permission to BeConnected Support Services to contact the references provided.

I understand that if hired by BeConnected, I must obtain and provide all required documentation as a condition of my employment.

Signature of Applicant

Date (dd/mm/yy)

Please submit this application form along with your resume:

- By email to workforce@beconnectedsupport.ca
- By fax at 250.721.2571
- In person at 240-4243 Glanford Ave, Victoria BC, V8Z 4B9

Thank you for applying to BeConnected Support Services!

Please note only short-listed candidates will be contacted

Please let us know how you heard about us!

☐ Referral by existing BeConnected employee (please provide their name):

☐ BeConnected Website

☐ Indeed Ad

☐ Social Media

☐ Job Fair

☐ Other (please identify): _____