



Calgary Progressive Lifestyles Foundation

Providing Services for Seniors and Individuals with DisAbilities

Work Application

We at Calgary Progressive Lifestyles Foundation (CPLF) thank you for taking the time to fill out this extensive work application. This application is important as the agency needs to identify your capacity to provide supports in an environment that is best suited for yourself. Your information is kept safe in our stand alone secure database and is not shared.

Should a client come to us that we feel may be a good match for you, family and home, we will be in contact with you at that time.

General Information

- Applicant Full Name(s):

- Male Female

- Home Phone: _____ Cell Phone: _____ Work Phone: _____

- Address: _____ Postal Code: _____

- Community/Neighborhood Name: _____

- E-mail Address: _____

- Status in Canada: Canadian Citizen Permanent Resident Work Permit Study Permit

- Do you have a car for work purposes: Yes No Smoker Non-Smoker

- Volunteering is important to us; would you consider volunteering?
 - Yes No

- Would you like to receive our monthly newsletter? Yes No

- Do you know American Sign Language? Yes what level? _____ No

- What languages do you speak? First _____ Other: _____

- For some clients, religion is important. For matching purposes feel free to share with us your religion.
My religion is: _____



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Position's Applying For

Now that we know something about the skills and attributes you have to offer the agency, we need to know what type of work you are considering.

- Hourly Employment

What days of the week are you available? Please checkmark (✓)

➤ Monday AM PM

➤ Tuesday AM PM

➤ Wednesday AM PM

➤ Thursday AM PM

➤ Friday AM PM

➤ Saturday AM PM

➤ Sunday AM PM

➤ Relief/Casual

➤ Overnight

➤ Other (Please specify): _____

- Live-in Residential Contractor (Client lives in Contractor's home)
- Live-out Residential Contractor (Contractor lives in the client's home)
- Out of Home Respite Contractor (Client supports are typically over a weekend in the client's home)
- In Home Respite Contractor (Client supports are typically over a weekend in the Contractor's home)

Residential Information

Fill out this section of the application only if you are applying to provide Residential Supports in your home.

Type of Residence Please checkmark (✓)

➤ 2 Story

➤ 3 Level-Split

➤ 4 Level-Split

➤ Bungalow

➤ Basement Suite

Kitchen? Yes No

➤ Bi-Level

➤ Duplex

➤ Townhouse

➤ Developed Basement Walk out? Yes No

➤ Condo elevator? Yes No

If no elevator how many stairs to unit: _____

➤ Year House was built: _____

➤ How many stairs to get into your home: _____

➤ Number of bedrooms available for a client: _____

➤ Where is/are the bedroom(s) that is/are available in your home: Main Level Upstairs Downstairs

➤ How many stairs are there to the bedroom(s) that is/are being offered? _____



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- Would our client have their own washroom or would it be shared? Own Shared
- Is your home Wheelchair Accessible? Yes No
 - Lifts? Yes No
 - Tracks? Yes No
 - Ramp(s)? Yes No
- Is your home close to public transit? Yes No
- Smoking: Non-Smoking: Allow Smoking Outside Only: In Garage Only:

Family Dynamics

- Please list who currently lives in your home:
(For “all” adults 18+ that reside in the home we must have a current police clearance)
 - If there are children in the home, what is their sex and age(s)?
- Do you have any Pets? Yes No If Yes what are they?
- If a client had a pet, would you consider the pet in your home? Yes No
- Preference of Client Gender:
 - Male Female No Preference
- Preference of Ability of Client:
 - Dependent
 - Semi-Independent
 - Independent
 - High Needs
 - No Preference
- Do you currently have a client in your home? Yes No
- Is there anything that makes you uncomfortable while working with people with a disAbility? Yes No
If Yes please explain:



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Documents Package

All documents required **prior** to submitting application (please submit the following documents as one package):

- Resume
- Work Application
- References - 2 Work related and 1 Character
- Police Clearance with Vulnerable Persons Check and/or Child Welfare Check (within the last two years)
- Valid First Aid Certificate "Standard Level C"
- If you own a vehicle we will need a Copy of a Valid Vehicle Insurance
 - Policy stating \$2,000,000 in third party liability and
 - Copy of Valid Driver's License
- Interview Assessment Questionnaire (last page of this application)

Thank you for considering CPLF as your new work place. Should a position become available that we feel you would be a good match for, we will contact you at that time.

With Kind Regards,
CPLF Management Team



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Interview Assessment Questionnaire Calgary Progressive Lifestyles Foundation

Name: _____

Date: _____

Q-1: What do you know about Calgary Progressive Lifestyles Foundation?

Q-2: Do you see yourself working for Calgary Progressive Lifestyles Foundation long term?

Q-3: What are your achievements and how you achieved your objectives? Please give one example from your personal life or professional work experience.

Q-4: Is your work performance better individually or as part of a team?

Q-5: Every work place has policies and procedures. What is the importance of policies? Is any of them you may not like or disagree with? Describe a time when you didn't follow the policy and what was the outcome?

Q-6: What experience do you have in the disability field? Give a specific example and explain how you directly worked with persons with disabilities to promote safe behaviours. How did you do so and what was the outcome?

Q-7: What is your area of improvement when it comes to getting results?

Q-8: Next week, you are going to start supporting a new individual who has a long, documented history of making unfounded allegations of abuse / mistreatment. How do you keep her safe? How do you keep yourself safe?

Q-9: You are supporting an individual who becomes agitated and causes damage in your vehicle/home. Please list positive interventions to reduce outbursts, and how to intervene after an incident takes place.

Q-10: You are supporting an individual who refuses to take her evening medications, What would you do?

Q-11: You are supporting a person who has panic attack at least three times per week. Please describe how would you handle the situation