



Calgary Progressive Lifestyles Foundation

We are an accredited organization supporting people with disAbilities at work, at home and in our community.

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, **your** family and home, we will be in contact with you at that time.

Download this document from your browser, fill in all your information, and “Save As” on your computer. Then please send it to applications@cplf.ca to be processed.

General Information

Applicant First Name: _____

Applicant Last Name: _____

Applicant Preferred Name: _____

Male Female Transgender Male Transgender Female Other

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 Expiry Date (if applicable): _____

Do you have a car for work purposes: Yes No

Volunteering is important to us; would you consider volunteering?
Choose your field(s) of interest:

- No thanks
- Cooking classes
- Administration
- Author/Interviewing
- Business Development
- Client Direct Services
- Gardening
- Maintenance
- Promotions/Marketing

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:

Preference of Client Gender: Male Female No Preference

Preference of Ability of Client:

- Independent
- Semi-Independent
- Dependent
- Aggressive Behaviors
- No Preference

Is there anything that makes you uncomfortable while working with people with disAbilities?
Yes No

If Yes please explain: _____

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 check the boxes that apply.

| | | | | | |
|-----------|----|----|-------------------------|-------|----|
| Monday | AM | PM | Saturday | AM | PM |
| Tuesday | AM | PM | Sunday | AM | PM |
| Wednesday | AM | PM | Relief/Casual | | |
| Thursday | AM | PM | Overnight | | |
| Friday | AM | PM | 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 check the boxes that apply.

| | | | | | |
|--------------------|-----|----|---|-----|----|
| 2 Story | | | Bi-Level | | |
| 3 Level-Split | | | Duplex | | |
| 4 Level-Split | | | Bungalow | | |
| Basement Suite | | | Townhouse | | |
| Kitchen? | Yes | No | Condo | | |
| Developed Basement | | | Elevator? | Yes | No |
| Walk out? | Yes | No | If no elevator how many stairs to unit: | | |

How many stairs to get into your home: _____

Number of bedrooms available for a client: _____

Where are the bedroom(s) that are available in your home:

Main Level Upstairs Downstairs

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

Would our client have their own washroom or would it be shared?

Own Shared

Does your home have a walk-in shower:

Yes No

Is your home Wheelchair Accessible? Yes No

Lifts? Yes No

Tracks? Yes No

Ramp(s)? Yes No

Wheel Chair Accessible Shower? Yes No

Does your home allow:

Smoking

Non-Smoking

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 current police clearance)

Name of adult 1: _____

Sex: Male Female Other

Name of adult 2: _____

Sex: Male Female Other

Name of adult 3: _____

Sex: Male Female Other

If there are children in your home, what is their age(s)?

No children

Number of children <13 yrs old _____

Sex: Male Female Other

Number of children >12 yrs old _____

Sex: Male Female Other

Do you have any Pets?

Yes No If Yes what are they? _____

Do you currently have a person with a disability in your home from another agency?

Yes No

If a client had a pet, would you consider the pet in your home?

Yes No

Interview Assessment Questionnaire

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?

Interview Assessment Questionnaire

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-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 you would handle the situation

Documents Package

Please submit the following documents (completed application, resume, references, and police clearance) as 1 package to applications@cplf.ca.

1. Resume

2. References - 2 work related and 1 character

3. Police Clearance with Vulnerable Persons Check and/or Child Welfare Check

Go to your local police station or get it online at:

www.calgary.ca/cps/public-services/police-information-checks.html

The following documentation may also be included in your package to applications:

4. Valid First Aid Certificate “Standard Level C”

5. If you own a vehicle, a copy of your valid vehicle insurance policy stating \$2,000,000 in third party liability

6. Copy of valid Driver’s License

Thank you for considering CPLF as your new place of work. 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 Human Resources