



Work Application

Welcome to CPLF! Thank you for taking the time to fill out this Work Application. This application is important as CPLF 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.

Please send your completed application to applications@cplf.ca to be considered for current and future positions.

General Applicant Information

First Name: _____

Last Name: _____

Preferred Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

Postal Code: _____

Community/Neighborhood Name: _____

Gender:

Female Male

Email:

Status in Canada:

Canadian Citizen Permanent Resident
Work Permit Study Permit

Do you have a car for work purposes?

Yes No

Client Preferences

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

- | | | |
|-----------------|------------------------|----------------------|
| No thanks | Author/Interviewing | Gardening |
| Cooking classes | Business Development | Maintenance |
| Administration | Client Direct Services | 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 to work with:

Male Female No Preference

Preference of Ability of Client to work with (select all that apply):

No Preference	Semi-Independent	Aggressive Behaviors
Independent	Dependent	Complex needs

Is there anything that makes you uncomfortable while working with people with disAbilities?

If Yes, please explain.

No

Yes

Position(s) Applying For

Hourly Work

Full-time employment

Casual employment

Part-time employment

Casual complex needs employment

What days of the week are you available for hourly employment? Please check all boxes that apply.

Monday	AM	PM	Overnight	Saturday	AM	PM	Overnight
Tuesday	AM	PM	Overnight	Sunday	AM	PM	Overnight
Wednesday	AM	PM	Overnight	Relief/Casual	AM	PM	Overnight
Thursday	AM	PM	Overnight	Other (please specify):	_____		
Friday	AM	PM	Overnight	_____			

Contractor Work

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 contractor work in your home. Type of residence support services will be provided in (please check all boxes that apply):

2 Story	Townhouse	Basement Suite:	Reinforced walls and windows:	
3 Level - split	Condo:	Kitchen	Yes	No
4 Level - split	Elevator	No kitchen		
Bi - Level	Only stairs:	Developed Basement:		
Duplex	Number of stairs to unit:	Walk out		
Bungalow	_____			

Residential Information

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 (check all boxes that apply):

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

Wheel Chair Accessible Shower?

Yes No

Is your home Wheelchair Accessible?

Yes No

Does your home have lifts?

Yes No

Tracks?

Yes No

Ramp(s)?

Yes No

Does your home allow:

Cigarette smoking

Marijuana

Vaping

Non-Smoking

Smoking Outside Only

Only in prescribed spaces:

Is your home reinforced?

Yes No

Family Dynamics

To help us match you with appropriate clients in your home, please provide the following information regarding who lives at your home:

Name of adult 1:

Gender: Man Woman

Name of adult 3:

Gender: Man Woman

Name of adult 2:

Gender: Man Woman

Name of adult 4:

Gender: Man Woman

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

No children

Age of child 1: _____

Sex: Male Female

Age of child 3: _____

Sex: Male Female

Age of child 2: _____

Sex: Male Female

Age of child 4: _____

Sex: Male Female

Do you have any Pets? If Yes, what are they?

Yes No

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

Yes No

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

Yes No

Experience

We at CPLF are very interested in our applicants previous work history. What experience do you have working with people with disabilities?

Documents Package

Please submit the following completed documents as one package to applications@cplf.ca:

1. Work application
2. Resume (include two work references and one character reference)
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

Please feel free to include any other certificates or documentation you feel would be relevant for working at CPLF such as training certificates, first aid, etc.

Should any of this information change, please update your information with CPLF at applications@cplf.ca to keep your application current.

Thank you for considering CPLF as your preferred 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