

Return: attention: "Community Support" to address below:



Community Support Program
HOME HELP APPLICATION
(Independent Worker)

Western Ottawa Community Resource Centre

NAME: _____
ADDRESS: _____
PHONE: _____ FAX/EMAIL: _____

Are you eligible to work in Canada? YES NO

Language(s) Spoken: _____

Please circle in which area you are willing to work:

Goulbourn

Kanata

West Carleton

Transportation: (*please circle*)

drive own car/vehicle

use public transportation

Will you work in a home where the client smokes? YES NO

Will you work in a home where there are animals present? YES NO

When are you available to work? (*please circle*)

weekdays

weekends

Type of work you are willing to do:

- Meal preparation
- General housecleaning
- Heavy spring cleaning
- Laundry

other: _____

Do you have any specialties/other type of work you will be willing to do?

EMPLOYMENT EXPERIENCE / REFERENCE *(most recent employer first)*

COMPANY: _____
CONTACT: _____ PHONE: _____
ADDRESS: _____
LENGTH OF EMPLOYMENT: _____ to _____
JOB TITLE/POSITION: _____
REASON FOR LEAVING: _____

COMPANY: _____
CONTACT: _____ PHONE: _____
ADDRESS: _____
LENGTH OF EMPLOYMENT: _____ to _____
JOB TITLE/POSITION: _____
REASON FOR LEAVING: _____

COMPANY: _____
CONTACT: _____ PHONE: _____
ADDRESS: _____
LENGTH OF EMPLOYMENT: _____ to _____
JOB TITLE/POSITION: _____
REASON FOR LEAVING: _____

CHARACTER REFERENCE
(no family or close friends. Must have known you for at least 12 months.)

NAME: _____ PHONE: _____
ADDRESS: _____
RELATIONSHIP TO YOU: _____

NAME: _____ PHONE: _____
ADDRESS: _____
RELATIONSHIP TO YOU: _____

NAME: _____ PHONE: _____
ADDRESS: _____
RELATIONSHIP TO YOU: _____

EMERGENCY CONTACT:
NAME: _____ PHONE: _____

I acknowledge that the information given is true and correct to the best of my abilities.

Signature: _____ Date: _____

