



465 Swift St. 250.388.9296

Application Date: _____

OFFICE USE ONLY	
Intake Appointment	
Date:	_____
Time:	_____

Contact Information (please print neatly)

Name: _____ Address: _____ City: _____ Postal Code: _____
Phone: _____ SIN#: _____ Birth Date: _____

Background Information

Gender: _____ Prefer not to say Marital Status: Single Married or equivalent Prefer not to say

of dependents: _____ Prefer not to say

Do you consider yourself: First Nations Registered/Treaty Indian Metis Inuit Not Indigenous Prefer not to say

Do you identify with a specific Nation, Band, Territory or cultural group (specify): _____

Do you speak any Indigenous languages (specify): _____

Do you have stable housing? Yes No How did you find out about the CCLP? _____

Are there any medical issues that might affect your ability to work? Yes No

Would any of the following affect your ability to work in some fields? Disability Illness Prefer not to say

Do you have a current driver's license? No Yes

Do you have a reliable insured vehicle? No Yes (specify): Car Truck Van

What tools or equipment do you have? Safety boots Gloves Rain gear

Employment History

Employment Status: Employed Self-Employed Unemployed Not in the labour force

Job Title: _____ Name of Company: _____ How long did you work there? _____

Full-time Part-time Wage Other: _____ Reason for leaving? _____

What is your career goal? _____ What job are you most interested in obtaining? _____

What jobs best suit your skills and abilities? _____

What jobs are you willing to accept?

- Carpentry Drywall Gardening Maintenance Packing/moving Retail Tree pruning
- Construction Landscaping House cleaning Mechanical repair Painting Roofing Yard work
- Demolition Electrical Janitorial Office Plumbing Site clean-up

Education and Special Training

Last grade level completed: College (specify program): _____ University (specify program): _____

What job-related training or courses have you taken?

- Certificate/Diploma First Aid Serving it Right Super Host Time Management Trade WHMIS 2015
- Other: _____

The Community Casual Labour Pool gratefully thanks our Funders...





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Cool Aid Employment Services Participation Agreement

If you have a problem with drugs/alcohol that has not been addressed, we suggest you focus on this before attempting a job search. You are welcome to discuss your concerns with us while addressing this issue.

Initials

_____ If I accept a job, I will go to the job and will work to the best of my ability.

_____ I will dress appropriately for the job.

_____ If I cannot find the job site I will call the CCLP coordinator immediately and ask for directions.

_____ If I have a problem with an employer, leave a job site for any reason, or intend not to return when I am expected, I will call the CCLP coordinator immediately.

_____ I must be sober, and not smell of alcohol or be under the influence of any drugs when I go to a job.

_____ Inappropriate behavior, such as verbal or physical aggression will not be tolerated.

_____ I will not ask the employer for advances or for more money than I was told prior to expect.

_____ I will not bring anyone to the jobsite without prior consent of the CCLP coordinator.

_____ I understand that failure to abide by the above policies and procedures may result in dismissal from the Community Casual Labour Pool.

Name (please print): _____ Signature: _____ Date: _____

CCLP Coordinator: _____ Signature: _____ Date: _____

