

**Ottawa West Community Support  
INDEPENDENT WORKER APPLICATION**



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Are you eligible to work in Canada: Yes: \_\_\_ No: \_\_\_

Languages: \_\_\_\_\_

Allergies or physical limitations: \_\_\_\_\_

Smoker: Yes \_\_\_\_\_ No \_\_\_\_\_

Means of transportation: \_\_\_\_\_

Have you ever been charged or convicted of a criminal offence? Yes \_\_\_ No \_\_\_

Do you agree to undergo a criminal reference check? Yes \_\_\_\_\_ No \_\_\_\_\_

**LEVEL OF EDUCATION:** \_\_\_\_\_ **Name of Institution:** \_\_\_\_\_

**WORK EXPERIENCE** (list in chronological order, starting with last position)

Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**INTERESTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK AREAS**

Please check-mark the jobs you are willing to do:

**Home Help:**

	General housework		Wash walls and windows
	Wash floors		General yard cleanup
	Ironing		Cut grass
	Laundry		Gardening
	Meal preparation		Snow shoveling
	Painting		Odd jobs (handyman)

When would you be available to work?

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>Morning</i>							
<i>Afternoon</i>							
<i>Evening</i>							

**VOLUNTEER EXPERIENCE/EXPERIENCE WORKING WITH SENIORS**

Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES (not family or friends)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_

**FOR OFFICE USE ONLY**

*References*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Supervisor's Notes: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

OTTAWA WEST  
COMMUNITY SUPPORT



SERVICE COMMUNAUTAIRE  
D'OTTAWA-OUEST

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## AUTHORIZATION / RELEASE OF INFORMATION

Ottawa West Community Support is authorized to obtain information from present and former employers, or from those named on my Application. Information obtained is to be considered as “Confidential and Privileged”, and used only for purposes of assessing employment/referral list suitability in relation to current capabilities, including work skills, work habits and personal character.

By this Authorization, Ottawa West Community Support, and all who may provide information as referenced herein, are released from any liability which may otherwise ensue.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date