

**COMMUNITY LIVING TORONTO  
APPLICATION FOR EMPLOYMENT**  
20 SPADINA ROAD  
TORONTO, ONTARIO, M5R 2S7

\_\_\_\_\_  
LAST NAME FIRST NAME

\_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_  
AREA CODE HOME PHONE NUMBER AREA CODE BUSINESS PHONE NUMBER

\_\_\_\_\_  
NAME IF PREVIOUSLY EMPLOYED UNDER A DIFFERENT NAME DATE AVAILABLE

\_\_\_\_\_  
POSITION APPLIED FOR:

\_\_\_\_\_  
HAVE YOU WORKED FOR CLT BEFORE? IF YES, WHEN?

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? Yes [  ] No [  ]

**COMMUNITY LIVING TORONTO** Upon hire, you will be required to provide satisfactory results of a Vulnerable Sector Screening as a condition of employment with Community Living Toronto.

**EDUCATION**

TYPE OF SCHOOL	COURSE OR MAJOR	HIGHEST GRADE, DIPLOMA OR DEGREE OBTAINED	LENGTH OF COURSE/PROGRAM
Secondary			
Business			
Community College			
University			
Other			

You will be required to submit proof of qualifications on hire

**This form is available in the mailroom**

List any skills, training or qualifications which are particularly suited to employment with Community Living Toronto.

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List all Licences, Certificates, Professional Memberships held - Date obtained

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**EMPLOYMENT HISTORY:** Full-time, Part-time and Volunteer work. Please start with PRESENT or LAST EMPLOYER first.

Employer Name & Address	Period Employed From ? to	Job Title & Duties	Reason for Leaving	Name & Phone # of Supervisor

Please indicate by number any of the above employer you do not wish us to contact: \_\_\_\_\_

Have you attached your resume/other? Yes [ ] No [ ]

**I HEREBY DECLARE THAT THE FOLLOWING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL. I AUTHORIZE COMMUNITY LIVING TORONTO TO CONDUCT WHATEVER INVESTIGATION IT DEEMS NECESSARY TO CONFIRM THE INFORMATION I HAVE GIVEN IN THIS APPLICATION.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please list additional References (we do not check *personal references*)

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_