

Purpose: For any individual seeking employment and/or placement with Dilico Anishinabek Family Care.

Instructions: (1) Please fill out the entire form completely as this application is used for screening purposes. Writing "See Resume" on the application form is not acceptable. (2) Sign and submit the form with your resume and cover letter to the Hiring Committee.

Personal Information:

Surname:	Given Name:
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Street and/or Box Number:	City or Town, Province:	Postal Code:
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Home Phone Number: ()	Work Phone Number: ()	Alternate Phone Number: ()
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Email Address:

Type of Employment Applied For:

Job Title Applied for: (If applicable):	Closing Date: (If applicable):
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What type of employment are you looking for? (Please check one):

<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Contract	<input type="checkbox"/> Casual	<input type="checkbox"/> On-Call	<input type="checkbox"/> Summer Student	<input type="checkbox"/> Sponsored
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What is your preferred location of employment?

<input type="checkbox"/> No Preference	<input type="checkbox"/> Marathon
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<input type="checkbox"/> Armstrong	<input type="checkbox"/> Longlac	<input type="checkbox"/> Nipigon	<input type="checkbox"/> Moberg FN	<input type="checkbox"/> Thunder Bay/Fort William FN
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Are you willing to relocate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you able to work flexible hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever worked for Dilico?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, list dates:
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Have you ever been interviewed at Dilico?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, for what position?
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Do you have a valid driver's licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have access to a personal vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you legally entitled to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please check the class of driver's licence you have: G G1 G2 **Other Specify:**

Name(s) of relatives employed by Dilico:

Optional: Are you a member of a First Nation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which First Nation?
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Optional: (Check One) Metis Non-Status Status

Education

(Please print and complete all applicable areas):

Type of School:	Name of Program, Diploma, Certificate or Degree:	Name of School or Institution:	Last Year Completed: (please circle):	Graduated/Completed:	
High School			Grade:	Yes	No
College			1 2 3 4	Yes	No
University			1 2 3 4	Yes	No
Other Training			Mos ___ Yrs	Yes	No

List Job-Related Experience, including experience with Anishinabek Children and Families

(include organization name, position held, dates of employment):

- 1.
- 2.
- 3.

List Skills (supervisory, case management, computer software/hardware, tools, machinery, typing speed, ability to speak Anishinabek language, etc.):

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List Awards: (honors, accomplishments, leadership, public speaking, achievements, etc. and professional qualifications):	
Confirmation of Other Posted Qualifications:	
1. <input type="checkbox"/> I confirm that I have a valid driver's license.	
2. <input type="checkbox"/> I confirm that I have the necessary insurance coverage (\$1,000,000 liability insurance).	
3. <input type="checkbox"/> I confirm that I can work flexible hours.	
4. <input type="checkbox"/> Other	
Fostering:	
1. Are you a foster parent for Dilico? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Does a Dilico foster child reside in your household? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to #1 or #2, would you or another member of your household be willing to resign as a foster parent with Dilico upon becoming an employee of Dilico? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
References:	
Name:	Contact Number:
1.	
2.	
3.	
<input type="checkbox"/> I hereby give consent to Dilico Anishinabek Family Care to conduct reference checks on the references provided. I understand that 2 of my references must be either a current or previous supervisor or Human Resources department. For students: academic instructor or volunteer placement.	

FIRST NATION EMPLOYEES - RETENTION AND PROMOTION

First Nation Status

An employee having First Nation Status is an Indian who has provided the Employer with documentation confirming either that the employee is an Indian pursuant to the *Indian Act* or that the employee has membership pursuant to lawful membership rules of a First Nation established in accordance with the *Indian Act*.

First Nation Employee

A First Nation employee is defined as an employee having First Nation status.

First Nation Employees – Retention and Promotion

In an effort to enable the Employer to both satisfy it's commitment to the First Nation communities it services and carry out it's mandate to provide culturally sensitive services whenever possible, this Article shall apply notwithstanding any other provision(s) of this Collective Agreement, other than as provided for in Article 14.04

In cases of vacancies, promotions, transfers and demotions the Employer shall be entitled to give preference to First Nation employees who the Employer determines have the minimum required qualifications regardless of their seniority.

In all cases involving layoffs and recall from layoffs the Employer shall be entitled to give preference to a First Nation employee, regardless of seniority, provided the First Nation employee is willing to and in the opinion of the Employer has the current minimum qualifications to immediately perform the job duties.

Nothing in this Article shall affect a non-First Nation employee's right to retain employment and be recalled to employment based on seniority in accordance with Article 13 nor her right to be considered for vacancies, promotions or transfers in accordance with Article 12, provided the employee was hired on or before March 31, 2006.

For all employees hired after March 31, 2006 this Article shall apply.

I, (print name) _____ hereby certify that the information I have given in this application is true and complete to the best of my knowledge. I understand that omissions or false statements will be considered sufficient cause for rejection of application or discharge if hired. I understand that employment with Dilico will be subject to its Preferential Retention and Promotion Policy, as outlined above.

Signature

Date (Month/Day/Year)

Submit Application To:
Dilico Anishinabek Family Care
Recruitment
200 Anemki Place, Fort William First Nation, P7J 1L6
Telephone (807) 623-8511 Toll Free 1-855-623-6511
Facsimile (807) 625-8522
Email Recruitment@dilico.com

IMPORTANT:
Employment is conditional upon receipt of your Criminal Records Search and Vulnerable Sector Screening.
Dilico gives preference to First Nations people.