



Vancouver Society of Children's Centres

Casual Employment Application

Thank you for your interest in VSOCC.

A. Please follow these steps to ensure your application is complete.

1. Download the Application for Casual Employment and Consent to a Criminal Record Check from our website.
2. Fill out the above two forms and forward them to us by fax, mail, or in-person. When filling out Section B of Part 2 of the criminal record check consent form, please write the following as employer:

Vancouver Society of Children's Centres
250-1166 Alberni Street, Vancouver, BC, V6E 3Z3
Tel: 604-718-6555 Fax: 604-718-6565

IMPORTANT NOTE:

- We require your criminal record check consent form even if you have had your criminal record check done for other organizations in the past.
- Please do not send us payment or credit card information for your criminal record check.
- Please do not submit your criminal record check form to the Ministry of Public Safety and Solicitor General. VSOCC will submit the form and necessary information.

- B. **Once we have received your completed application & criminal record check form,** you will be contacted and asked to attend an information session. The information session will provide you with detailed information about VSOCC, the work of casual employees, and will outline the final stages in our hiring process.
- C. If you need help with your application or if you have any questions, please feel free to e-mail us at info@vsocc.org or call us at 604-718-6555.

Vancouver Society of Children's Centres

Application for Casual Employment

Personal Information (Please print)

Date: / /

Name:	Last	First	Middle	Social Insurance Number:
Other names you are known by:			Are you over 19 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (VSOCC is required to comply with licensing requirements)	
Address				Postal Code
Phone numbers:	Home	Cell	Pager	
Email:				

On-call Availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Specify hours available for each day of week							
Other information:							

Education

	Name & Address of School	Did you graduate?	Subject studied & degrees received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Post Secondary		<input type="checkbox"/> Yes <input type="checkbox"/> No	
TB test: <input type="checkbox"/> No <input type="checkbox"/> Yes (Date: _____)			
First Aid Certificate: <input type="checkbox"/> No <input type="checkbox"/> Yes (Course: _____ Expiry Date: _____)			

Employment History (Please include any non-paid/ volunteer experience which is related to the job you are applying for. Please complete even if you attach a resume.)

Date (M/D/Y)	Current Employer (if applicable) (Name / Address / Type of business)	Position	Reason for Leaving
From			
To			
Duties Performed			
Supervisor's Name		Phone	May we contact?
Date (M/D/Y)	Employer (Name / Address / Type of business)	Position	Reason for Leaving
From			
To			
Duties Performed			
Supervisor's Name		Phone	May we contact?
Date (M/D/Y)	Employer/ Personal Reference (Name / Address / Type of business)	Position	Reason for Leaving
From			
To			
Duties Performed			
Supervisor's Name		Phone	May we contact?

List all qualifications and skills (Please attach copies of certificates.)

Have you ever visited a VSOCC program? Where? What was your experience?

What do you like about working with children and families?

Why would you like to work for VSOCC?

Describe a specific situation / activity where you have excelled in while working with children.

I hereby authorize the Vancouver Society of Children's Centres (VSOCC) to thoroughly investigate my background, references, employment history and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by VSOCC to provide such information. I understand that I will be required to complete a Criminal Record Search application as part of the hiring process. I understand that misrepresentation or omission of facts may result in rejection of this application. I understand that I will be required to sign a confidentiality and employment contract, should I become an employee of VSOCC.

Date: _____

Signature: _____

**Please submit this application to: Administration Office
Vancouver Society of Children's Centres
#250-1166 Alberni Street, Vancouver, BC V6E 3Z3
Fax: (604) 718-6565**

Note: Applicants will be required to attend an information session.