



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.

Fill out the Application for Casual Employment form below and forward to us by fax, mail, or in-person:

Vancouver Society of Children's Centres
200-1362 Seymour Street, Vancouver, BC, V6B 3P3
Tel: 604-718-6555 Fax: 604-718-6565
Email: careers@vsocc.org

B. Once we have received your completed application form, and you are selected as a possible candidate, we will arrange a date and time for a phone interview. If you are successful in the interview, 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 our Casual Coordinator at brigittez@vsocc.org or call her at 604-718-8290.

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.

In addition to child care, which other areas of VSOCC would you be interested in working in?

- | | |
|--|---|
| <input type="checkbox"/> Administrative and clerical | <input type="checkbox"/> Language translation |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Event assistance | |

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
200-1362 Seymour Street, Vancouver, BC V6B 3P3
Fax: (604) 718-6565**

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