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PERSONAL INFORMATION:				
Full Name: Preferred Name:				
Municipal Address:				
Extension: Preferred Contact Method:				
Email Address:				
Preferred Office Location: Second Choice: Third Choice:				
Self-Disclosure   Do you identify as Indigenous?   YES NO NOT DISCLOSING  At Dnaagdawenmag Binnoojiiyag Child & Family Services, we use the term Indigenous Peoples to describe anyone who is First Nation, Métis or Inuit.				
Are you legally eligible to work in Canada? ☐ YES ☐ NO				
Are you 18 years of age or older? $\square$ YES $\square$ NO				
Are you willing to relocate within Ontario? $\square$ YES $\square$ NO				
Do you have a class G drivers license? $\square$ YES $\square$ NO				
Do you have access to a reliable vehicle? $\Box$ YES $\Box$ NO				
Are you able to provide a drivers abstract clear of any moving violations? $\Box$ YES $\Box$ NO				
Have you ever been convicted of a criminal offence for which a pardon has not been granted?   YES  NO				
Have you been previously employed by Dnaagdawenmag Binnoojiiyag Child & Family Services?   YES  NO				
If yes, please provide your employment dates: Start Date: End date:				
Do you speak any other languages fluently? If YES, please list below:				
POSITION INFORMATION:				
Position Being Applied For:  Available Start Date: (DD/MM/YYYY)				
Desired Employment Type:   Full-Time   Part-Time   Contract   Desired Pay: \$				
How did you hear about this opportunity?  If other:				
Name of Current Employee Who Referred You:				
RELATED EXPERIENCE:				
Tell us about your experiences with Indigenous Peoples and/or communities including any lived experiences that would compliment service delivery for our agency:				
Tell us about your strengths and achievements related to the position you are applying for:				
The state of the state of the state of the position for the application				



## Dnaagdawenmag Binnoojiiyag Child & Family Services Application for Employment

Version: 2.9

SUPERVISORY REFERENCES:				
NAME	JOB TITLE	COMPANY		
☐ YES ☐ NO				
IS THIS REFERENCE A PREVIOUS SUPERVISOR?	EMAIL	PHONE NUMBER		
NAME	JOB TITLE	COMPANY		
	355 m.c.	COMMIN		
☐ YES ☐ NO				
IS THIS REFERENCE A PREVIOUS SUPERVISOR?	EMAIL	PHONE NUMBER		
NAME	JOB TITLE	COMPANY		
☐ YES ☐ NO				
IS THIS REFERENCE A PREVIOUS SUPERVISOR?	EMAIL	PHONE NUMBER		
SIGNATURE DISCLAIMER/WAIVER:  1. Dnaagdawenmag Binnoojiiyag Child & Family Services is an Equal Opportunity Employer and abides by the Ontario Employment Standards Act and other applicable employment laws. You are not required to disclose information about physical or mental disabilities that will not interfere with your job performance.  2. I understand and agree that all of the information listed on my application/resume may be used by Dnaagdawenmag Binnoojiiyag Child & Family Services to verify my				
employment status and eligibility. This may include a thorough investigation of my personal character, past employment, education and employment related activities. I authorize and release from liability or responsibility Dnaagdawenmag Binnoojiiyag Child & Family Services, and all persons or organizations supplying such information to Dnaagdawenmag Binnoojiiyag Child & Family Services in any proceedings under any law or statue.				
3. I understand that any misrepresentations, deliberate omission, or falsifying of information in this application will be sufficient cause for cancellations of this application and/or termination from employment with Dnaagdawenmag Binnoojiiyag Child & Family Services.				
4. I certify that, if employed by Dnaagdawenmag Binnoojiiyag Child & Family Services, I will abide by all company rules and regulations as well as Provincial and other Laws applicable to Dnaagdawenmag Binnoojiiyag Child & Family Services operations. I understand that any violation of the aforementioned rules will be cause for disciplinary action and/or termination from employment. I understand all new employees are on probation in the early stages of their service if hired, and Human Resources will advise me of the details. I certify that all the above statements have been read by me and that the statements I have made on this application are true and correct. I authorize Dnaagdawenmag Binnoojiiyag Child & Family Services to verify all information. I understand that Dnaagdawenmag Binnoojiiyag Child & Family Services is in no way obligated to provide employment and that I am in no way obligated to accept employment.				
5. in the event the position you are hired for requires a Canadian Police Information Centre (CPIC) check and/or a Vulnerable Person Sector Search (VPSS), your employment with Dnaagdawenmag Binnoojiiyag Child & Family Services will be conditional upon an acceptable CPIV/VPSS relative to the position.				
	ature Date			
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By using the above signature box, please note that you are consenting that the submission of this form with your name in the signature box has the same meaning and effect as a paper submission with your hand written signature and you are authorizing Dnaagdawenmag Binnoojiiyag Child & Family Services to process your application submission

This application must be fully completed to be considered. Ensure that you have completed each section before e-mailing this document. All completed applications can be saved to your computer then attached and e-mailed to: <a href="mailto:careers@binnoojiiyaq.ca">careers@binnoojiiyaq.ca</a>

As a multi-service Indigenous wellbeing agency, we are committed to an inclusive and barrier-free environment for all of our candidates and employees. Should you at any time have an accessibility need or have any questions regarding the recruitment process, please contact Human Resources by phone at (705) 295-7135 or by e-mail: <a href="mailto:careers@binnoojiiyaq.ca">careers@binnoojiiyaq.ca</a>