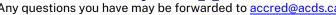


INSTRUCTIONS: Download this form to your device, fill it out and then press the SUBMIT button at the bottom to email the form to ACDS.





9		Creating
		Excellence
		Together

Date

Please select the position you are applying		Team Member		Team Leader	
for: 1. Personal Information					
Name					
Employer					
Employer's Address					
City	Province		Postal Cod	le	
Email	Phone				
		:4:)			
2. Employment History (including your current position) Employer Position Date					
May we contact any of your previous e	mployers?	Yes	No		
may we contact any or your previous e	mployers	163	140		
If not, please explain why					
in not, predoc explain why					
In less than 300 words, highlight your					
primary responsibilities					
·					

3. Education

Institution Program Level of Certification Date

4. Experience with CET Standards

Employee of a service provider that is accredited under CET Standards Involvement with other accreditation processes or service evaluations (please specify)

5. Other Experience

In less than 300 words, summarize your experience in the community disability services field, highlighting your abilities as they relate to:

- Interacting with Others
- Written Communication

Objectivity

- Flexibility & Adaptability
- Organizational Framework Knowledge
- Leadership Skills

6. References

Please have two references complete the accompanying CET Surveyor Reference Form. One must be from your supervisor.

7. Survey Commitment

Checking this box verifies that you understand that you must complete at least two surveys per year upon completion of training.

The SUBMIT button only links this form to your email program if the form has been downloaded to your device first and then filled out.