|  |  |  |
| --- | --- | --- |
| Applicant Name: | | |
| Address: | | |
| Phone: | Email: |
| Age: | Birthdate: |

**Eligibility Information**

**Are you a:**

Canadian Citizen  Yes  No Permanent Resident  Yes  No

Protected Person Entitled to work in Canada  Yes  No

**Are you:**

\_\_\_ Unemployed \_\_\_\_ Underemployed \_\_\_\_ Employed

If employed, how many hours do you work per week? \_\_\_\_

Are you currently attending school? \_\_\_\_ Yes \_\_\_\_ No

Intending to return to school full time this year? \_\_\_\_ Yes \_\_\_\_ No

Are you currently on EI (Employment Insurance)? \_\_\_\_ Yes \_\_\_\_ No

Are you receiving income assistance? \_\_\_\_ Yes \_\_\_\_ No

Are you currently participating in other provincially or federally funded programs?

\_\_\_\_ Yes \_\_\_\_ No If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you commit to attending a 12-week training program everyday? \_\_\_\_ Yes \_\_\_\_ No

Do you have a clear criminal record? \_\_\_\_ Yes \_\_\_\_ No (Before acceptance applicants must complete a criminal record check)

**Education Background**

The highest level of school I have completed is: (√ select best response)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Less than grade 10 |  | Post-secondary Certificate |
|  | Some high school (grades 10-12) |  | Post-secondary Diploma |
|  | Grade 12 graduation, GED |  | Trades Apprenticeship Training |
|  | Any after high school not completed |  | Trades Certification |
|  | Some Post Secondary Training |  | Post-Secondary Degree |

**Employment History**

|  |  |
| --- | --- |
| Job Title: | Industry: |
| Employer: | |
| Start Date (YYYY-MM-DD): | End Date (YYYY-MM-DD): |

|  |  |
| --- | --- |
| Job Title: | Industry: |
| Employer: | |
| Start Date (YYYY-MM-DD): | End Date (YYYY-MM-DD): |

|  |  |
| --- | --- |
| Job Title: | Industry: |
| Employer: | |
| Start Date (YYYY-MM-DD): | End Date (YYYY-MM-DD): |

|  |
| --- |
| What is your employment goal? |
| Why are you interested in taking this program? |
| If selected for the program, do you have any times you would not be able to attend during the 12 weeks of training? |
| Do you have access to a computer and high-speed internet to attend online training? |
| Are you interested in taking one ECE course as part of the program to work in Daycare settings (participants will have the choice to add on this course if interested in employment in childcare settings) |
| Are there any disability related supports you require assistance with to successfully complete the program? |