500 The East Mall Etobicoke, ON M9B 2C4 Tel: (416) 394-6961 • Fax: (416) 394-6964

# PRE-APPRENTICESHIP APPLICATION FORM

*This program is funded by the Government of Ontario*

**PLEASE PRINT NEATLY:**

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| Today’sDate: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ | Date ofBirth: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ |
| DD | MM | YY | DD | MM | YY |

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| \*Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Print Last Name | Print First Name |

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| \*Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Apt./Unit # | Street # | Street Name |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*City | \*Postal Code | *\**Main Intersections of your address |

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| \*Please provide a telephone number where a message can be left for you if you are not available. |
| \*Tel: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Alternate Tel: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Emergency Contact*:**

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| \*Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Last Name | First Name |

|  |  |
| --- | --- |
| \*Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Tel: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

PLEASE PRINT NEATLY

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| **Are you currently unemployed?** **Are you receiving Employment Insurance? Yes [ ]  No [ ]**  | **Yes** **[ ]**  | **No** **[ ]**  |
| **Have you received collected EI Benefits within the last 3 to 5 years?** | **Yes [ ]**  | **No [ ]**  |
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| **Do you have an OHIP card?** |  **Yes [ ]**  |  **No [ ]**  |

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| **Do you consider yourself a visible minority?** |  **Yes [ ]**  |  **No [ ]**  |
| **Are you an aboriginal?** **Do you have a disability? Yes [ ]  No [ ]**  |  **Yes [ ]**  |  **No [ ]**  |

**Status in Canada**

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| --- | --- | --- | --- |
| **Citizen [ ]**  | **Permanent Resident [ ]**  | **Convention Refugee [ ]**  | **Refugee [ ]**  |

 **Less Than 5 years Yes**  **[ ]**

  **No [ ]**

**Income Supports**

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| **Social Assistance [ ]**  | **Severance [ ]**  |  **EI [ ]**  | **Other [ ]**  |

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| **Is there anything that would prevent you from attending this** **full-time training program for 40 consecutive weeks:**18 weeks of academic upgrading, hours scheduled based on course availability13 weeks in class, Monday to Friday from 9:00 a.m. to 3:30 p.m.  8 week field placement 35 hours per week or 280 hrs total to be determined. | **Yes [ ]**  |  **No [ ]**  |
| ***If yes*, please give reason(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Are you willing and able to accept employment at this time?** | **Yes [ ]**  | **No [ ]**  |

**academic history**

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| **Highest Level of Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Year Education Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **OSSD [ ]  Diploma [ ]  Degree [ ]**  |
| **Current Trade Licenses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**If Ontario secondary school diploma or equivalent hasn’t been completed please fill out the following:**

**highest grade completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Number of High School Credits Earned | **[ ]**  1 - 10 | **[ ]**  11-20 | **[ ]**  21-25 | **[ ]** 26-30 |
| I need to earn the following number of credits | **[ ]**  1 | **[ ]**  2 | **[ ]**  3 | **[ ]**  4 | **[ ]**  \_\_\_\_\_ |
|  I need to earn the following credits | Grade Level: | Subject: |
| Grade Level: | Subject: |
| Grade Level: | Subject: |
| Grade Level: | Subject: |
| **[ ]**  I do not know which credits I need to earn |

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| **Have you attended a Job Connect Program?** **Have you attended any other Job Search training or Co-op program(s) in the past 6 months** (e.g. YMCA, Job Search Programs, Seneca College, and Skills for Change …etc.)**?**  | **Yes[ ]** **Yes [ ]**  |  **No [ ]** **No [ ]**  |
| ***If yes*, please specify program(s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **How long have you been looking for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ weeks** |

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| **What type of position(s) are you seeking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Are you scheduled to attend any training or educational upgrading programs in the next 3 – 6 months?** | **Yes [ ]**  | **No [ ]**  |
| ***If yes*, please list course / program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Are you currently participating in any types of volunteer work, enrolled in a part-time education program, or working in a part-time job?** | **Yes [ ]**  | **No [ ]**  |
| ***If yes*, please specify organization(s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Are there any difficulties that exist with childcare, transportation, etc.?** | **Yes [ ]**  | **No [ ]**  |
| ***If yes*, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **What other supports do you require in order to assist with your Job Search?**  |

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| **What language(s) do you speak?** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Please give 3 reasons that you are interested in this training program?** |

**1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **In the space below, please tell us about yourself.** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Work History (Canadian and Other)**

###### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Company Name of Last Employer City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_

###### Job Title Wage Rate Dates Employed

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Company Name of Last Employer City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_

###### Job Title Wage Rate Dates Employed

Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All the information I have provided above is correct.**

**Participant Signature: 🗙\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**