

Work Experience Skills Training (W.E.S.T.) APPLICATION

Applicants must be unemployed and not in receipt of Employment Insurance payments

Applicant Information		
Name:	Age:	Date of Birth:
Current address:	City:	
Province:	Postal Code:	Phone No:
Do you have?		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Bank Account	<input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Drivers License	<input type="checkbox"/> Criminal Record Check	<input type="checkbox"/> Child Abuse Registry
<input type="checkbox"/> Licenses/Certificates	<input type="checkbox"/> WHMIS	<input type="checkbox"/> Fork Lift Certificate
<input type="checkbox"/> Food Handlers Certificate	<input type="checkbox"/> Social Insurance Number	
EDUCATION		
Last Grade Completed:	Last date attended:	
Certificates:		
Goals & Plans:		
Employment Information		
Previous employer:		
Employer address:	How long?	
Longest length of work:	Resume completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Goals & Plans:		
Personal Information		
Living situation:	How long?	
Who are your supports:		
How are you financially supported?		
Residency status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee under the Immigration and Refugee Protection Act		
Social Insurance Number:		

