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: | Phone No: |
| Current address: | City and Postal Code: | Province: |
| **Do you have?** |
| Birth Certificate | Bank Account | First Aid/CPR | Resume Complete |
| Drivers License | Criminal Record Check | Child Abuse Registry | WHMIS |
| Food Handlers Certificate | Social Insurance Number: | Fork Lift Certificate |
| **EDUCATION** |
| Last Grade Completed: | Last date attended: |
| Certificates: |
| Goals & Plans: |
| **Employment Information** |
| Previous employer: | How long? |
| Employer address: | Longest length of work: |
| Goals & Plans: |
| **Personal Information** |
| Living situation: | How long? |
| Who are your supports? (ex: coach, pastor, teacher, family member etc.) Name Phone NumberRelationship |
| Name Relationship | Phone number |  |
| How are you financially supported? CFS | EIA Family EIA | Parents Other |
| Residency status: Canadian Citizen | Permanent Resident | Refugee under the Immigration and Refugee Protection Act |
| **Extra Curricular Activities** |
| Volunteer and Community Activities : | Organizations: |
| Connection to Cultural and Cultural Activities -list | Clubs and Memberships: |
| Hobbies/Interests and Sports: |

Write your ideas about teamwork, leadership, confidence and self-promotion and how these four words relate to you.