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

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

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| **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 Number  Relationship | | | | | | | | | |
| 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.