

Power of Trades Participant Application Form

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| APPLICANT INFORMATION | | | | | | | | | |
|--|---------------------------|---------------------------------|--|----------------------------|----------------------------|-----------------|----------|--|--|
| First name: | | | | Last name: | | | | | |
| How did you hear about Power of Trades? | | | | | | | | | |
| Address: | | | | Apt. #: | | | | | |
| City: | | | | Province: | Postal | tal code: | | | |
| Phone: E-mail: | | | | I | | | | | |
| Gender: Female Male Other Age: under 18 18-35 36-50 50+ | | | | | | | | | |
| Immigration Status: Permanent Resident Convention Refugee CAUET Other (ineligible) | | | | | | | | | |
| Country of Origin: | | | | | Year of arrival in Canada: | | | | |
| | | | | | | | | | |
| CAREER INFORMATION | | | | | | | | | |
| Desired sector or occupation in Canada: | | | | | | | | | |
| Occupation in country of origin: # of years working in occ | | | | orking in occupation in co | ountry o | f origin: | | | |
| Work experience in the past 5 years | : | | | | | | | | |
| JOB TITLE | COMPANY NAME | | | LOCATION | | START YEAR | END YEAR | | |
| | | | | | | | | | |
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| | I | | | <u> </u> | | | | | |
| | | | | | | | | | |
| EDUCATIONAL INFORMATION | | | | | | | | | |
| Highest level of education complete | d: | | | | | | | | |
| Elementary School 🗌 Secondary School 🗌 College/University 🗌 Trade Certificate 🗌 Other: | | | | | | | | | |
| Specialization: Country: | | | | | | | | | |
| Current employment/education situ | ation (check all that | apply): | | | | | | | |
| Unemployed Employed part-time Employed full-time Part-time education (including LINC/ESL) Full-time education | | | | | | | | | |
| | | | | | | | | | |
| ADDITIONAL INFORMATION | | | | | | | | | |
| Services currently being used (check all that apply): | | | | | | | | | |
| Employment services | Vocational/ | ocational/professional training | | C of Q exa | | xam preparation | | | |
| Settlement services | English language training | | | Ot | Other language training | | | | |
| Service provider (organization/school | ol): | | | | | | | | |

| ADDITIONAL INFORMATION (continued) | | | | | | |
|---|---|--|--|--|--|--|
| Primary mode of transportation: Own vehicle Bus Other: | | | | | | |
| Canadian Language Benchmark (if known): | Date of most recent language assessment (if applicable): | | | | | |
| | | | | | | |
| Are you available and willing to attend class Monday to Friday 9AM-4 for 4 weeks? | | | | | | |
| Are you legally entitled to work and study and available to begin full- employment in Canada? | time YES NO | | | | | |
| PRIVACY STATEMENT & SIGNATURE | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | | | | |
| The YMCA of Southwestern Ontario and the program funder are committed to respecting the per Power of Trades application forms. The purpose of collecting the personal information requested i related data for statistical and program delivery improvement purposes. By signing this form on the personal information that you have provided for that purpose. Your personal information, as prov YMCA of Southwestern Ontario, will not be disclosed without your consent. | in this form is to obtain your contact information and work- he space indicated below, you consent to the use of the | | | | | |
| Signature | Date | | | | | |
| Please sign and complete this form, and return Power of Trades 500 Victoria Avenue | | | | | | |
| Windsor, ON. | | | | | | |
| | | | | | | |
| 519-258-9622 Ext. 2648 | | | | | | |
| aaron.csele@swo.ymca | a.ca | | | | | |
| Power of Trades staff will contact you to book a your application. Please bring proof of immigration statu | | | | | | |

STAFF USE ONLY

| Interview Date | | Time | | |
|------------------------------------|----|------|--|----|
| Contact attempts (date/outcome) | 1. | 2. | | 3. |

Funded by:



Immigration, Refugees and Citizenship Canada

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