



## **Application Form**

Personal Information		
Name:		
Street:	City:	Province:
Postal Code:		
Home Phone ( )	Cell Pho	one ( )
Language(s) Spoken		
Email:		Date of birth:
Preferred Pronoun:		<del>_</del>
Do you have a Social Insurance Number (SIN)?	#	<del></del>
Do you have a vehicle?	s 🗆 No 🗆	
Where did you hear about the Y Works Program?		-
Eligibility		
Please check all that apply:		
$\Box$ I am between the ages of 15 – 30 years of age	☐ I am a Car	nadian Citizen/ Permanent resident
☐ I am receiving Ontario Works (OW) / ODSP*	☐ I have bee	en part of an employment support program funded Canada

**Y Works** 



Emploi et nada Développement social Canada
☐ I am receiving Employment Insurance (EI) benefits**
☐ I am receiving Canada Emergency Respond Benefit***
d into the program it is your responsibility to inform your ne monthly support provided by them will be prorated
eport your earnings on your bi-weekly report. The support sed on the support from the program.
oond Benefit (CERB) you will not be able to apply for it mployability Skill training (May 4- June 5 <sup>th</sup> / 2020). Once o start right away, you will be able to re-apply then.
and Social Development which seeks to provide assistance to ncludes social, economic and demographic factors.  ply:
☐ Contact with justice, child welfare, or social assistance systems
☐ Language barriers
☐ Homeless or at risk of becoming homeless
☐ Low level of literacy and/or numeracy
☐ Single parent
☐ Identified and/or self-identified disability (please specify):
es

History



⊗			
	*	Employment and Social Development Canada	Emploi et Développement social Canada

Education Completed:	☐ HigI	n School	☐ Post-Second	dary	Other:		
Have you had a Langua	ge Assessm	ent? 🗌 Ye	es* 🗆 No	o *If Yes, w	hat is your curre	ent level of Engl	lish:
Have you ever been em	ployed?	☐ Yes*	□ No	*If Yes,	☐ Part-time	☐ Full-time	☐ Occasional
Are you currently emplo	oyed/volunt	eering? 🗌 Ye	es* 🔲 I	No ³	If Yes, how man	y hours per we	ek
Goals							
What kind of job are yo	u interested	d in?					
Availability							
Availability							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicat <u>e</u> Times							
Times						1	
What are some of your	strengths? '	What are you g	ood at? (Examp	ole: writing e	mails, working w	ith people, pro	blem solving, etc.)
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•		<del></del>					
•							
What would you like to			ı want to learn?	' (Example: w	orking with mor	ey, computer s	kills, etc.)

**Y Works** 



	*	Employment and Social Development Canada	Emploi et Développement social Canada
•	_		
What are some of your short-term goals? (E	Example	: Developing Skill	s, Writing a Resume, Volunteering, etc.)
•	_		
•	_		
	_		
What are some of your long-term goals? (E	xample:	Going Back to Sc	hool, Finding a Job, etc.)
•	_		