

**APPLICATION FOR STEP-YA
(Skills Training for Employment Program for Young Adults)**

CONTACT INFORMATION

Name:

.....
Last First Middle Initial

Address:

.....
Street (Apt) City, Postal Code

Alternate Address:

.....
Street City, Postal Code

Contact Numbers: () ()

.....
Home Telephone Mobile

Alternate Contact: ()

.....
Message Telephone

Email

PERSONAL INFORMATION

Birth Date/...../..... **SIN**.....

Gender: Female Male **Medical Care Card #**

Do you self-identify as any of the following?

First Nation Metis Inuit Visible Minority Person with a Disability

Driver's License Yes Class _____ No **Vehicle** Yes No

Children living with you: Yes Ages: _____ No

Collection and Use of Information: Information is collected pursuant to Section 26c of the *Freedom of Information and Protection of Privacy Act*. The information provided will be used for the assessment of eligibility and/or administration of acceptance for the STEP-YA program.

My Signature below means:

- I have answered all the questions on page 1, 2 & 3 and the information provided is complete and accurate
- I understand the information collected will or may be used by the staff or agents of INEO Employment Services during my participation in the STEP-YA program.

Signature

Date

Please Read Carefully and Answer All Questions

1. Are you currently employed? Yes No

If yes, where? _____

How many hours per week? _____

2. Are you legally entitled to work in Canada? Yes No

3. Are you eligible for Employment Insurance (EI)? Yes No

Do you have or have you had an EI claim in the last 3 years or a maternity / parental claim in the last 5 years? Yes No

4. Do you have any income support?

Income Assistance? Regular PPMB PWD

Disability Pension? WCB Canada Pension

Other If other, what? _____

5. Education

High School:	Grade Completed:	Certificates / Accomplishments
College / University:	Years Attended:	Certificate/Diploma/Degree
Trade / Technology School:	Years Attended:	Certificate/Diploma/Degree
Other Education		Certificate[s]

6. Work Experience:

Employer	<p style="text-align: center;">Month / Year</p> <p>From _____ / _____</p> <p>To _____ / _____</p>	Position / Duties:
Employer	<p>From _____ / _____</p> <p>To _____ / _____</p>	Position / Duties:
Employer	<p>From _____ / _____</p> <p>To _____ / _____</p>	Position / Duties:

7. Any Volunteer Placements or Community Contributions:

8. What challenges or barriers have you experienced in looking for employment?

(For Example: Alcohol or drug use, childcare challenges, medical challenges, housing, etc)

9. Why do you want to participate in the STEP-YA program?

Office Use Only

Completed ERS Date: _____

ERS Feedback Provided: _____

Interview Scheduled Date: _____

Accepted

Referred To _____

Staff Signature: _____