

APPLICATION FOR AMPED (Assisting Mature Persons in Employment Development) Program oriented to people aged 55+ CONTACT INFORMATION Name: Last First Middle Initial Address: Street (Apt) City, Postal Code **Alternate Address:** City, Postal Code Street **Contact Numbers:** Home Telephone Alternate Contact: (**Email** Message Telephone PERSONAL INFORMATION Birth Date/...../ SIN..... Medical Care Card # **Gender:** Female Male 🗌 Do you self-identify as any of the following? Inuit Visible Minority Person with a Disability First Nation Metis 🗌 Driver's License Yes Class No Vehicle Yes No 🗌 Children living with you: Yes ☐ Ages: 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 AMPED 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

Date

Services during my participation in the AMPED program.

Signature

Ple	ease Read Carefully and Answe	er All Questions		
1.	Are you currently employed? Yes No			
	If yes, where?			
	How many hours per week? _			
2.	Are you legally entitled to wo	ork in Canada? Yes [No	
3. Are you eligible for Employment Insurance (EI)? Yes No			Yes No No	
	Do you have or have you had claim in the last 5 years? Yes		t 3 years or a maternity / parental	
4.	Do you have any income supp	port?		
	Income Assistance? Regular PPMB PWD			
	Disability Pension? WCB	Canada Pension		
	Other If other, what?			
_	Education			
	igh School:	Grade Completed:	Certificates / Accomplishments	
C	ollege / University:	Years Attended:	Certificate/Diploma/Degree	
Ti	rade / Technology School:	Years Attended:	Certificate/Diploma/Degree	
Other Education			Certificate[s]	

Employer	From/	Position / Duties: —
	To/	-
Employer	From	Position / Duties:
	То/	_
Employer	From/	Position / Duties:
	То/	_
	or barriers have you experience of or drug use, age discrimination, childca	ed in looking for employment? re challenges, medical challenges, housing, etc.
9. Why do you war	nt to participate in the AMPED p	rogram?
Office Use Only		
Office Use Only Completed ERS Date:	ERS	S Feedback Provided:
-		S Feedback Provided: