



### SKILLS TRAINING FOR EMPLOYMENT PROGRAM APPLICATION

PLEASE CHECK THE PROGRAM[S] YOU ARE INTERESTED IN.

**AMPED** (50+)     **DUAL** (Multi-Barrier)     **OWLL** (Women)     **STEP-YA** (Aged 17-27)

#### 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

Are you currently working with WorkBC or Another Employment Program Yes  No

Agency Name \_\_\_\_\_

Case Manager Name \_\_\_\_\_

**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

3(a) Are you currently receiving Employment Insurance (EI)? Yes  No

3(b) 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 other income support?

Income Assistance? Regular  PPMB  PWD

Disability Pension? WCB  Canada Pension

Other  If other, please explain? \_\_\_\_\_

**5. Education**

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

**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:**

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**8. What challenges or barriers have you experienced in finding or keeping employment?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Education          | <input type="checkbox"/> Alcohol / Drugs           | <input type="checkbox"/> Racism/Discrimination |
| <input type="checkbox"/> Work Experience    | <input type="checkbox"/> Transportation            | <input type="checkbox"/> Age                   |
| <input type="checkbox"/> Training           | <input type="checkbox"/> Family Situation          | <input type="checkbox"/> Childcare             |
| <input type="checkbox"/> Housing            | <input type="checkbox"/> Health                    | <input type="checkbox"/> Disability            |
| <input type="checkbox"/> Poverty            | <input type="checkbox"/> Mental Health             | <input type="checkbox"/> Dental                |
| <input type="checkbox"/> Work gear/clothing | <input type="checkbox"/> Trauma / Violence / Abuse | <input type="checkbox"/> Other _____           |

**9. Why do you want to participate in a program?**

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**Office Use Only**

Completed ERS Date: \_\_\_\_\_ ERS Feedback Provided: \_\_\_\_\_

Interview Scheduled Date: \_\_\_\_\_ Accepted

Referred To \_\_\_\_\_ Staff Signature: \_\_\_\_\_

**I understand that full classroom participation and community-based work experience are integral to the program and weekly participation in Job Club is mandatory to work towards my employment goal.**

**I agree to participate to the best of my ability** \_\_\_\_\_  
Initial

**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 any programs delivered by INEO Employment Services.

**My Signature below means:**

- I have answered all the questions on pages 1, 2, 3 & 4 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date