

# J O B C O N N E C T AND/OR SUMMER JOBS SERVICE

FOR AGENCY USE ONLY
File Identifier

Preferred language of service:

English      French

*Ce formulaire est aussi disponible en français*

### Participant Information

(Staff is available to help you complete this form)

Please indicate which program you are applying for:

Job Connect

Summer Jobs Services

If you have previously participated in the **Job Connect Program**, state when:

from 

Day	Month	Year

to 

Day	Month	Year

If you have previously participated in **Summer Jobs Service**, state when:

from 

Day	Month	Year

to 

Day	Month	Year

### SECTION 1: PROFILE

Last name		First name			Initial	
Street address				City	Province	Postal Code
Telephone no.		Alternative telephone no.		E-mail		
Best time to contact:		Date of birth:		Year		Age: _____
a.m.      p.m.		Day	Month	Year		

### SECTION 2: WORK HISTORY AND EDUCATION

Are you legally entitled to work in Canada?		Yes	No	Do you have a Social Insurance Number (SIN)?		Yes	No	If you do not have a SIN #, have you applied for one?		Yes	No
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#### Work History

Have you had paid employment in Canada?      Yes      No      Have you had paid employment **outside** Canada?      Yes      No

List **below** all work you have done, including volunteer work. Start with the **most recent** job/volunteer activity.

from	Day	Month	Year	to	Day	Month	Year	Company Name
Job Title/Duties								Reason for leaving
from	Day	Month	Year	to	Day	Month	Year	Company Name
Job Title/Duties								Reason for leaving
from	Day	Month	Year	to	Day	Month	Year	Company Name
Job Title/Duties								Reason for leaving



<b>Education / Training History</b>											
Country in which Highest Education Level was attained:					Canada	Other	Specify : _____				
<b>Highest level COMPLETED</b>											
<b>High School</b>				<b>Community College</b>		<b>University</b>		Trade certificate/ professional accreditation			
Grade 0-8	Grade 9	Grade 10	Grade 11	Year 1	Year 2	Year 1	Year 2				
	Grade 12 (or equivalent)		OAC	Year 3	Year 4	Year 3	Year 4	Post graduate			
Have you participated or do you participate in Ontario Youth Apprenticeship Program (OYAP)?					Yes	No	Are you returning to school?			Yes	No

**SECTION 3**

Are you employed now?	Yes	No
If "Yes", how many hours per week?	_____ hours	If "No", when did you last work?
		Day   Month   Year

What type of work are you interested in doing? (List the **top 3 job preferences**)

When are you available to start work?	Day	Month	Year
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Type of job:	Actual start date (DD/MM/YYYY):	Completion date (DD/MM/YYYY)	Direct Hire by employer :
			Yes No

**SECTION 4: SOURCE OF INCOME**

Current source(s) of income:	Employment Insurance (EI)
Ontario Works (OW)	No Income
Ontario Disability Support Program (ODSP)	Other _____
Dependent of OW / ODSP	
Workplace Safety Insurance Board (WSIB)	

Identify any health issues or disabilities that would require job accommodation:

Have you applied for Employment Insurance Benefits in the past 52 weeks?

No	Yes	If "Yes", where _____	Unsure
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Is validation of OW/ODSP or EI status on file?	Is validation of income on file? (if Training Supports are provided)	Identify Proof of Entitlement documentation on file?
Yes No	Yes No	Yes No

**SECTION 5: DECLARATION**

The Ministry of Training, Colleges and Universities provides funding to your Job Connect agency to provide the Job Connect and/or Summer Jobs Service. Your Job Connect agency has contracted with the Ministry to provide reports about the service it has provided to you, your satisfaction with the service, and other aspects of your educational and training experiences that will enable the Ministry to administer, fund, evaluate and monitor the services and to plan and deliver job training programs and services. The reports will identify you by a computer generated number but the Ministry will not collect your name or address. Your Job Connect agency has also contracted with the Ministry to allow the Ministry to audit its delivery of the service and administration of the funding and the Ministry may need to have access to all personal information collected by your Job Connect agency, including your name and address, but only if an audit is conducted. By signing below, I give consent to the Ministry to indirectly collect and use personal information about me for these purposes.

The personal information collected and used by the Ministry is necessary for the purposes listed above, in accordance with s. 38(2) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31, as amended. Questions about the collection and use of your personal information may be addressed to the Ministry of Training, Colleges and Universities, Employment Preparation Manager, 900 Bay Street, Toronto, Ontario, M7A 1L2, or by phone at (416) 326-5837.

<b>Participant's Name (Please Print)</b>	<b>Participant's Signature</b>	<b>Date</b>
	X	