

**Summer Jobs for Youth 2011 - Youth Application Form**

**SECTION 1: PROFILE**

Last Name		First Name		Middle	
Street		Apartment/Unit #		City	Province Postal Code
Telephone No.		Alternative No.		E-mail	
Date of Birth		Day/Month/Year		Age:	Gender:
Do you have a Driver's License:		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type do you have? <input type="checkbox"/> G <input type="checkbox"/> G1 <input type="checkbox"/> G2	
Do you have your own car?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Languages Spoken:					
How did you hear about this program? <input type="checkbox"/> Poster <input type="checkbox"/> Someone told you about it <input type="checkbox"/> Youthconnect.ca <input type="checkbox"/> Flyer/Letter <input type="checkbox"/> TV/Radio/Newspaper <input type="checkbox"/> Other					
Do you have an Employer who is willing to hire you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Employer:					
Are you an immigrant to Canada? (you have a student Visa or permanent residency) <input type="checkbox"/> Yes <input type="checkbox"/> No Do you identify yourself as First Nation, Indian, Métis, Inuit or as a person of Aboriginal ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**SECTION 2: WORK HISTORY/ EDUCATION**

Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Social Insurance Number (SIN)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you don't have a SIN card, have you applied for one? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

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

Day Month Year Day Month Year From _____ to _____	Company Name
This was a : Job <input type="checkbox"/> Volunteer position <input type="checkbox"/>	
Job Title/ Duties	Reason for leaving

Day Month Year Day Month Year From _____ to _____	Company Name
This was a : Job <input type="checkbox"/> Volunteer position <input type="checkbox"/>	
Job Title/ Duties	Reason for Leaving

Day Month Year Day Month Year From _____ to _____	Company Name
This was a : Job <input type="checkbox"/> Volunteer position <input type="checkbox"/>	
Job Title/ Duties	Reason for Leaving

<p>What grade will you have completed by the end of this school year?</p> <p>High School <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12    Name of school: _____</p> <p>College/University <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3</p> <p>Are you going to take summer school this year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--

