

S.E.T. Program 2021 APPLICATION & ASSESSMENT

*Support for this program is funded through the Regional
Municipality of York's Community Development and Investment Fund*

CONTACT INFORMATION		
Last Name:	First Name:	Date:
Street Address:		Apartment/Unit #:
City:	Province:	Postal Code:
Primary Phone:	Alternate Phone:	
Email Address		Date of Birth:
EMERGENCY CONTACT INFORMATION		
Name:		Phone:
Relationship:		
GENERAL INFORMATION		
Are you legally entitled to work in Canada?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> FNMI <input type="checkbox"/> Refugee <input type="checkbox"/>
Do you currently possess a driver's license?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what class license?
Have you recently or are you presently working with any of the following?	Learning Centre for Georgina <input type="checkbox"/> York Works <input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/>	Salvation Army Youth Shelter <input type="checkbox"/> Job Skills <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Other _____ <input type="checkbox"/>
Have you previously accessed support or programming at The Training Centre – GTTI?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please describe
<i>Please check one of the following. Is your family income:</i>		
A) Less than \$15,000 <input type="checkbox"/>	B) Please indicate the number of income earners in your family: _____	
Between \$15,000 - \$25,000 <input type="checkbox"/>		
Between \$25,000 - \$35,000 <input type="checkbox"/>		
Between \$35,000 - \$50,000 <input type="checkbox"/>		
Between \$50,000 - \$77,000 <input type="checkbox"/>		
Initials:		

EDUCATION

What is your highest level of education completed?

High School Name:

From: To: Did you graduate? YES NO

College/University Name: Major/Degree:

From: To: Did you graduate? YES NO

Other: Major/Focus:

From: To: Did you graduate? YES NO

Do you currently posses any industry certifications or other training (i.e. First Aid, WHMIS, etc.)? Please Describe.

EMPLOYMENT HISTORY **RESUME ATTACHED**

Company: Phone: ()

Job Title:

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Company: Phone: ()

Job Title:

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Company: Phone: ()

Job Title:

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Please describe any volunteer experience:

APTITUDE ASSESSMENT

Rate yourself on the following based on the scale provided	Very Strong	Strong	Average	Weak	Very Weak
Computer Skills (i.e. Microsoft Office, Internet use, etc.)	5	4	3	2	1
Communication Skills	5	4	3	2	1
Customer Service Skills	5	4	3	2	1
Reading Skills	5	4	3	2	1
Writing Skills	5	4	3	2	1
Numeracy Skills	5	4	3	2	1
Teamwork Skills	5	4	3	2	1
Problem Solving Skills	5	4	3	2	1
Reliability	5	4	3	2	1
Accounting Software	5	4	3	2	1
Accounts Receivable/Payables	5	4	3	2	1
Data Entry	5	4	3	2	1
Payroll	5	4	3	2	1
Organization Skills	5	4	3	2	1

What industries/sectors are of interest to you in your job search?

Personal Goals

What are your top 3 personal goals? (employment, health, education, etc.)

1. _____

2. _____

3. _____

Other Information

In your own words, describe why you want to take the program, how will it improve your life and/or what goals it will help you work towards:

BARRIER IDENTIFICATION

What do you feel are the things that are keeping from finding and/or keeping employment (check all that apply):

<input type="checkbox"/> Education	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Drug/Alcohol Use	<input type="checkbox"/> Work Experience
<input type="checkbox"/> Motivation	<input type="checkbox"/> Lack of Support/Assistance	<input type="checkbox"/> Transportation	<input type="checkbox"/> Conflicts at Work
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Lack of Self-Confidence	<input type="checkbox"/> Fear of Failing	<input type="checkbox"/> Parenting
<input type="checkbox"/> Reading Skills	<input type="checkbox"/> Negatively Stereotyped	<input type="checkbox"/> Issues with Authority	<input type="checkbox"/> Housing Issues
<input type="checkbox"/> Math Skills	<input type="checkbox"/> Physical Health Issues	<input type="checkbox"/> Anger Management	<input type="checkbox"/> Criminal Record
<input type="checkbox"/> Communication	<input type="checkbox"/> In a Group Home/Shelter	<input type="checkbox"/> Other (specify):	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a position in this program, I understand that false or misleading information in my application or interview may result in my release from this program.

I acknowledge that this information is collected and administered in accordance with the Freedom of Information and Protection of Privacy Act.

Signature:

Date: