

## S.E.T. Program 2022 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"/>	Salvation Army Youth Shelter <input type="checkbox"/>	
	York Works <input type="checkbox"/>	Job Skills <input type="checkbox"/>	
	Ontario Works <input type="checkbox"/>	Employment Insurance <input type="checkbox"/>	
	Ontario Disability Support Program <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	

**EDUCATION**

What is your highest level of education completed?

High School Name: \_\_\_\_\_

From: _____	To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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College/University Name: \_\_\_\_\_ Major/Degree: \_\_\_\_\_

From: _____	To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Other: \_\_\_\_\_ Major/Focus: \_\_\_\_\_

From: _____	To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Do you currently possess 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 <input type="checkbox"/> NO <input type="checkbox"/>	
Company: _____	Phone: (    ) _____
Job Title: _____	_____
Responsibilities: _____	
From: _____ To: _____	Reason for Leaving: _____
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company: _____	Phone: (    ) _____
Job Title: _____	_____
Responsibilities: _____	
From: _____ To: _____	Reason for Leaving: _____
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
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: