

FOR AGENCY USE ONLY
File Identifier

Preferred language of service:
English French

Participant Information

(Staff is available to help you complete this form)

Ce formulaire est aussi disponible en français

Please indicate which program you are applying for: **Job Connect** **Summer Jobs Service**

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: a.m. p.m.		Date of birth: Day Month Year		Age: _____		

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



Education / Training History

Country in which Highest Education Level was attained: Canada Other Specify: _____

Highest level COMPLETED

Grade 0-8	High School			Community College		University		Trade certificate/ professional accreditation
	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 types 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
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SECTION 4: SOURCE OF INCOME

Current source(s) of income:

- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Dependent of OW / ODSP
- Workplace Safety Insurance Board (WSIB)

- Employment Insurance (EI)
- No income
- Other _____

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? Yes No	Is validation of income on file? (if Training Supports are provided) Yes No	Identify Proof of Entitlement documentation on file? Yes No
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SECTION 5: NOTICE OF COLLECTION AND CONSENT

The Ministry of Training, Colleges and Universities provides funding to your Job Connect agency to provide the Job Connect program and/or the 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 review, inspect, monitor and audit its delivery of the service and administration of the funding and to do this 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 to the proper administration of the Job Connect program, 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: Director, Service Delivery Branch, Ministry of Training, Colleges and Universities, 33 Bloor St. E. Suite #200, Toronto, Ontario, M7A 2S2, or by phone at (416) 314-4268.

Participant's name (Please print)

Participant's signature

Date

X