



Youth Works Program Application Form

Referred by: _____

Name: _____

	First Name	Middle Initial	Last Name
Date of Birth:	____/____/____		Age _____
	D M Y		

Mailing Address: _____
 Street Address

 City/ Town Postal Code

Phone Numbers: Home (____) _____ Cell (____) _____

Emergency Contact: Name _____ Ph# (____) _____

Orientation Date: _____

Gender: Male Female Other

1. Do you self-identify as an Aboriginal Person? Yes No

If yes, please check one:

First Nations Metis Inuit

2. Are you an Immigrant? Yes No

If yes, how many years have you been in Canada? _____ years.

Rate your language skills:

Minimal 1 2 3 4 5 6 7 8 9 10 Fluent

Do you need accreditations? Yes No



3. Do you have a claim or appeal with WorkSafeBC? Yes No

4. Please record your highest level of education and list the details.
(Schooling, Trades, postsecondary Training)

5. What industries or fields are you interested in working?

a) _____

b) _____

c) _____

6. What would your top 3 dream jobs be?

a) _____

b) _____

c) _____

7. How long have you been actively job searching? _____ Months

8. How are you currently financially supporting yourself?

9. How employment ready are you at this time: SCALE 1- 10

Not at all

sort of

extremely ready

1

2

3

4

5

6

7

8

9

10



10. Do you have a current and valid Driver's License? Yes No

• What Province is your Driver's License valid? _____

• Do you have a clean drivers abstract? Yes No

11. What are you using for transportation? _____

12. Are you new to the province? Yes No

13. Are you currently receiving Income Assistance? Yes No

Resources

Possible Employment Roadblocks

- | | |
|---|---|
| <input type="checkbox"/> Just graduated | <input type="checkbox"/> Scared to go back to school |
| <input type="checkbox"/> No money to improve my skills (training) | <input type="checkbox"/> Need Literacy/math/or computer skills issues |
| <input type="checkbox"/> Unaware of the skills I actually possess | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Lack of coping and goal setting skills | <input type="checkbox"/> Poor communications skills |
|
 | |
| <input type="checkbox"/> Sleep issues | <input type="checkbox"/> No fixed address – couch surfing |
| <input type="checkbox"/> Hard time getting up in the morning | <input type="checkbox"/> Little or no transportation |
| <input type="checkbox"/> No phone | <input type="checkbox"/> Unable to utilize The Food Bank |
| <input type="checkbox"/> No clothes or equipment for work | <input type="checkbox"/> Poor food or insufficient food |
|
 | |
| <input type="checkbox"/> Health – teeth, eyes etc. ,need MSP | <input type="checkbox"/> Injured – need to change career |
| <input type="checkbox"/> No medical if I am working | <input type="checkbox"/> Fear of failure |
|
 | |
| <input type="checkbox"/> I am a single parent | <input type="checkbox"/> Lack of daycare |
| <input type="checkbox"/> Don't want my children in daycare | <input type="checkbox"/> Have a pet I need to care for |
|
 | |
| <input type="checkbox"/> I have had past drug and alcohol issues | <input type="checkbox"/> I have current drug and alcohol issues |
| <input type="checkbox"/> Homeless, no money | <input type="checkbox"/> Personal safety issues |
|
 | |
| <input type="checkbox"/> Have no work experience/specific skills | <input type="checkbox"/> Need specific work atmosphere |
| <input type="checkbox"/> Was fired at a previous job | <input type="checkbox"/> Experience is in a job I now dislike |
|
 | |
| <input type="checkbox"/> need Foodsafe | |
| <input type="checkbox"/> need Worldhost | |
| <input type="checkbox"/> need WHMIS | |
| <input type="checkbox"/> need First Aid | |



- My resume and cover letter needs work
- I don't present well – need a haircut etc.
- I have a criminal record
- I blow my interviews
- Need help with anger or stress management
- Can't get along with co-workers
- Lack of punctuality
- Too many part time jobs
- Pay is lousy – want to make more money
- Don't have good references
- Unsure of what to say to an employer
- Seasonal jobs
- Can't stay motivated
- Physical demands of the job
- I don't know why I can't keep a job

Other Possible Employment Roadblocks

- _____
- _____
- _____
- _____
- _____

Resources continued:

A. List 3 major things that you will receive from this program?

B. List 3 major things that you will bring to this program?



- C. How long have you lived in Prince George?

- D. Describe your living situation.

- E. Describe your support network.

- F. If you have one, what is your 1-year plan or goal for employment or education?

- G. Where and when did you last work, and if so what were some of your duties

- H. Do you have any upcoming obligations or appointments, preventing you from fully attending the program or working?

- I. Do you have any additional information for Youth Works Program which has not been addressed in the paperwork?

PROGRAM ELIGIBILITY

PRIOR GOVERNMENT FUNDING

Please list any government funded programs you have participated in.

- GTHiring

- WorkBC Employment Services

- Other: _____

- I have never participated in any government funded programs



YMCA of Northern BC

Youth Works Program

1160 7th Ave Prince George

C: 250-565-5428

C: 250-640-4574

4 WEEK COMMITMENT

- I will commit myself to working with The Youth Works Program FULL TIME for the next 4 weeks.

EMPLOYMENT INSURANCE DETAILS

A “non-EI client” is an individual:

- Who is not eligible for assistance under labour market programs provided by the Canada Employment Insurance Commission under Part II of the Employment Insurance Act, or
- Who is not eligible for assistance under any similar labour market programs provided by British Columbia which are funded by the Canada Employment Insurance Commission under a Labour Market Development Agreement entered into between Canada and British Columbia pursuant to Part II (section 63) of the Employment Insurance Act.

More specifically, a non-EI client is an individual who:

- Has not established a regular EI claim in the last three years; and,
- Has not established a maternity or parental claim in the past five years.

The information collected above will be used for selection, registration and administration of the Youth Works employment program. Information may be used for program evaluation. The Youth Works program only collects personal information that is necessary to effectively deliver employment services. Security measures are in place to ensure records are securely maintained and disposed of in accordance with the Personal Information and Protection Act of BC.

PROGRAM APPLICATION CONFIRMATION

All of the information I have provided in this document is true to the best of my knowledge

DATE _____

PRINT NAME _____

CLIENT SIGNATURE _____

****Please Attach Resume to this Application****



Funding provided by the Government of Canada
through the Canada-British Columbia Job Fund.