BRIDGING TO EMPLOYMENT- APPLICATION FORM – Prince George

*Please ensure you fill out both pages.*

Contact Information

|  |  |  |
| --- | --- | --- |
| Name: | | Date: |
| Address: | | |
| Gender: Male Female Other: | Age: | Date of Birth: |
| Work Phone: | Home Phone: | |
| SIN Number: | Status Number: | |
| Band: | Clan: | |

Emergency Contact Persons

|  |  |
| --- | --- |
| Name: | |
| Phone Number: | Relationship: |
| Name: | |
| Phone Number: | Relationship: |

Referral Source

|  |  |
| --- | --- |
| Name: | |
| Phone Number: | Organization: |

Applicant Information

Have you applied to the Bridging Program before? Yes No If so, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What interested you in the Bridging to Employment program?

|  |
| --- |
|  |

How did you hear about the program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently involved with any other service providers or community programs?Yes No

If yes, please list:

|  |
| --- |
|  |

The program deals with a variety of issues throughout its duration. What are some of the issues that you would like to work on while in the program?

|  |
| --- |
|  |

Are you willing to commit to attending 5 days per week for the full nine weeks? Yes No

Are you willing to enter into a co-ed group (men and women)? Yes No

Are you willing to consent to a criminal record check for work experience purposes? Yes No

Do you have any children? Yes No

Do you have any involvement with the Ministry of Children and Family Development (MCFD)? Yes No

If applicable, please list names and ages and if they are in your care.

|  |
| --- |
|  |

Do you currently have daycare in place? Yes No

If no, will daycare be required while you are in the program? Yes No

Will you require bus tickets to attend the program? Yes No

Are there any other barriers or concerns that may affect your ability to participate in the program?

Yes No

If yes, please explain:

|  |
| --- |
|  |

What is your current source of income?:

Income Assistance Employment Insurance WCB Insurance Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medical concerns and/or current medications you are taking:

|  |
| --- |
|  |

Please take a moment to write down any additional concerns that you may have regarding your ability to attend the program:

|  |
| --- |
|  |

**Please mail, email, fax or drop off the completed form Attn: Bridging to Employment Program**