

Pre-apprenticeship Training for Autobody and Collision Damage Repair
Application Form

APPLICATION CHECKLIST

- **Application package** (*all fields must be completed for application to be accepted*)
- **Essay**
- **High School transcripts**
- **Copy of a valid driver's license**
- **Identification**

Administration Only

First Interview Notes

Second Interview Notes

Committee Notes

X _____

Marc Tremblay

Program Coordinator for Pre-Apprenticeship Autobody and Collision Damage Repair

**Pre-apprenticeship Training for Autobody and Collision Damage Repair
Application Form**

Personal Information

Last Name: First Name:

Address (Apt #, Street Address, City)

Postal Code: Telephone no.: Cell:

E-Mail: Gender: Male Female

Date of Birth (mm/dd/yyyy): Are you Bondable? Yes No

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

How far would you be willing to travel for your job placement?

Employment 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:
Job Title/Duties:	Reasons for leaving:
From Day Month Year to Day Month Year	Company:
Job Title/Duties:	Reasons for leaving:
From Day Month Year to Day Month Year	Company:
Job Title/Duties:	Reasons for leaving:

Education and Training History

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

Highest level COMPLETED

Grade 0 - 8 <input type="checkbox"/>	<u>High School</u> <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 (or equivalent) <input type="checkbox"/> OAC	<u>Community College</u> <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Trade Certificate	<u>University</u> <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4
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Have you participated or do you participate in Ontario Youth Apprenticeship Program (OYAP) ? Yes No

Are you returning to school? Yes No

Are you employed now? Yes No

If "Yes" how many hours per week _____ hours

If "No" when did you last work ? Day | Month | Year

Source of Income

Current source(s) of income:

Ontario Works (OW) Employment Insurance (EI)

Ontario Disability Support Program (ODSP) No income

Dependent of OW/ODSP Other _____

Workplace Safety Insurance Board (WSIB)

Identify any health issues or disabilities that would require job accommodation:

General Information

Please tell us why you want to enter a pre-apprenticeship training program for autobody and collision damage repair?

What experience do you have in an Auto shop?

Please describe any experience you have had working with cars.

How did you hear about AYCE and the Pre-apprenticeship program?

Friends/Relatives AYCE Staff - Name: _____ Community Agency - Name: _____

Ontario Works Office - Name: _____

AYCE Website Other Website AYCE Outreach Material Flyer/Poster Display/AYCE Booth

Newspaper Magazine TV Radio Name: _____

Other Specify: _____

Confidentiality Clause: Consent to Release Information

I, _____, authorize Tropicana Community Services – AYCE
(Name of Organization)

or its authorized representative to share information, documents and/or records in their possession for the purpose of providing me with employment services. I also understand that this information may be used to generate statistical reports, measure program activities and/or for the Pre-apprenticeship program evaluation.

Signature

Witness

Date

