

Employment & Training Services
Marty Karl Centre

PROGRAM APPLICATION

Contact Information:

Full name: _____

Address: _____

(Street)

(City)

(Postal Code)

Telephone number(s): _____

How long have you lived at this address? _____ Date of Birth: _____

Type of residence (group home, family, independent, etc): _____

▪ Contact person(s) for residence (if other than yourself): _____

Emergency Contact Name / Relationship to you: _____

Telephone Number: _____

Health Card Number: _____ Social Insurance Number: _____ - _____ - _____

Family Doctor/Telephone Number: _____

Financial Information:

- E.I. (Employment Insurance)
- W.S.I.B. (formerly Worker's Compensation)
- O.D.S.P. (Ontario Disability Support Program)
- C.P.P. (Canada Pension Plan)
- Family Support
- Other: _____
- Ontario Works: If so, please check the appropriate circles:
 - I have received Employment Insurance within the last three years
 - I have received Parental Leave within the last five years
 - I am a Sole Support Parent

Financial Worker Information:

Name/Title: _____

Organization: _____

Telephone: _____

Address: _____

(Street)

(City)

(Postal Code)

Other Worker Information (counselor, psychiatrist, probation officer)

Name/Title: _____ Name/Title: _____

Organization: _____ Organization: _____

Telephone: _____ Telephone: _____

Address: _____ Address: _____

(Street)

(Street)

(City)

(Postal Code)

(City)

(Postal Code)

Have you received help in your job search from any other agency? No Yes (If yes, please fill out below):

Agency: _____ When? _____

How did you find out about the Marty Karl Centre? _____

In which program are you interested (select all that apply)? Food Services Janitorial

Why are you interested in this program? _____

Are you hoping to work: Full Time Part Time

Do you currently have a job? No Yes (If yes, please fill out below):

Employer: _____ Job Title: _____

How many hours per week do you work? _____

Please specify times when you will not be able to work or participate in training (if applicable): _____

Education Information (please enter all relevant information):

Name of School	Level Achieved	Dates Attended

Volunteer Information (please enter all relevant information):

Place	Dates	Position	Duties

Employment Information (Please fill in below if resume is not attached): Check here if resume is attached

Previous Employer: _____ Job Title: _____

Name of Supervisor: _____ Telephone Number: _____

Description of Duties: _____

Period of employment: **From:** _____ **To:** _____

Reason for leaving: _____ Previous salary: _____

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Name of Supervisor: _____ Telephone Number: _____

Description of Duties: _____

Period of employment: **From:** _____ **To:** _____

Reason for leaving: _____ Previous salary: _____

Barriers to Employment:

A barrier to employment is anything that is keeping you from getting or keeping a job. Please check off any of the following that you experience. This information is not meant to restrict you within the program, but to enable us to serve you better.

Physical

- Arthritis
- Auditory (hearing)
- Back pain
- Diabetes
- HEP A, B, or C
- H.I.V. or AIDS
- Becomes tired easy
- Visual (eyesight)
- Other (please specify): _____

Environmental

- Allergies
- Asthma
- Require technical aids (brace, etc.)
- Other (please specify): _____

Emotional/ Psychological

- Anxiety
 - Depression
 - Bi-polar disorder (manic-depression)
 - Low self-esteem / lack of self-confidence
 - Obsessive-compulsive disorder
 - Schizophrenia
 - Other:
- If you are taking medication for any of these conditions, when was your medication last reviewed?
- within the last 6 months
 - over 6 months ago

Have you ever struggled with drug or alcohol abuse? No Yes (If yes, please fill in below)

How long have you been clean and sober? _____

If other than applicant, the name of the person who filled out this application form is: _____

Relationship to applicant: _____

The following signature indicates that I was involved in completing this application and that the above information is true.

Neurological

- Acquired brain injury
- Cerebral palsy
- Epilepsy
- Multiple Sclerosis
- Other (please specify): _____

Learning Disabilities

- Attention deficit-hyperactivity disorder
- Difficulty with:
 - Reading
 - Spelling
 - Math
- Dyslexia
- Other (please specify): _____

Other

- Age
- Lack of formal education
- Language barrier
- Recent immigrant
- Lack of skills and experience
- Convicted of a criminal offense for which a pardon has not been granted
- Sole support parent
- Other(please specify): _____

Applicant's Signature

Date