

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

Client Name: _____ **Phone:** _____

Upon Completion, Please fax or email this application to the attention of:

Marc Tremblay
Fax: 416-491-4669
Email: mtremblay@tropicanaemployment.ca

Administration Only

First Interview Notes

Placement Notes

**EMPLOYMENT
ONTARIO**

Your job is out there. We'll help you find it.

This Employment Ontario program
is funded by the Ontario government.

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?

What level of a drivers license do you have G2 G

Do you have a clean driving record? Yes No

What form of transportation do you use? Car TTC

Have you ever applied to this pre-apprenticeship training program before? Yes No

Have you worked/volunteered in a autobody shop before? Yes No

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:

Education and Training History

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

Highest level COMPLETED

Grade 0 - 8

High School

Grade 9 Grade 10 Grade 11
 Grade 12 (or equivalent) OAC

Community College

University

Year 1 Year 3 | Year 1 Year 2
 Year 2 Year 4 | Year 3 Year 4
 Trade Certificate

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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:

<input type="checkbox"/> Ontario Works (OW)	<input type="checkbox"/> Employment Insurance (EI)
<input type="checkbox"/> Ontario Disability Support Program (ODSP)	<input type="checkbox"/> No income
<input type="checkbox"/> Dependent of OW/ODSP	<input type="checkbox"/> Other _____
<input type="checkbox"/> 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 Tropicana and the Pre-apprenticeship program?

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

Ontario Works Office - Name: _____

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

Newspaper Magazine TV Radio Name: _____

Other Specify: _____

Confidentiality Clause: Consent to Release Information

I, _____, authorize Tropicana Employment Centre
(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

Essay

If selected, how do you plan to make this training program a success for you?
