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| Business Office Skills **Program Application**  **February 5 – April 27, 2018** |  |

## Personal and Contact Information

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Date of Birth MM / DD / YYYY |  |
| Street Address, City |  |
| Postal Code |  |
| Home Phone |  |
| Mobile Phone |  |
| E-mail Address |  |
| Are you a client of New Circles? |  |
| Are you eligible to work in Canada? |  |
| Are registered with an Employment Ontario centre? If yes, please provide the name of agency. |  |
| Are you a client of Toronto Employment Social Services? If yes, please provide the name of office you are registered with. |  |
| Are you currently receiving Employment Insurance benefits? |  |
| How did you hear about us? |  |

## Availability

### Are you available Monday through Friday 9 am – 4 pm during program hours from February to April (12 weeks)?

### Y / N

If you are anticipating any absences during this period, please explain below:

## Program Interest

### Tell us why you are interested in the Business Office Skills program.

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| Participation Are you currently job searching? Y / N  Please explain how you do your job search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you able, willing and interested in working in entry-level administration and customer service positions upon completion of this program? Y / N  If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  New Circles will cover all costs related to books and tuition.  We **do not cover transportation** costs. Are you able to be transported 5 days a week for 12 weeks to New Circles and your placement? Y / N  If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies related to administrative skills (reception, data entry, Microsoft Office etc.) and customer service.

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| E-Mail Address |  |
| Relation (optional) |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a student, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

Please fill it out electronically and email it back to us along with your resume (MS Word document).

**Will be used by New Circles**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ELIGIBLE TO WORK IN CANADA: PR, Citizen, Waiting for PR, Other
* Income Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EO FORMS

 SHARED CONSENT

 BOS APPLICATION

 RESUME

 KEYBOARDING TEST

 MATH TEST

 ENGLISH TEST

 INTERVIEW

REVIEW WITH APPLICANT

 More than 3 program absences will result in termination from program.

 Transportation to both New Circles and Placement is responsibility of applicant; cannot guarantee preferred location of placement.

 Costly program to deliver; only those who are fully able to commit to 12 weeks and are actively job searching should participate.

 Tentatively scheduled between February and April 2018.

 Applicant will be informed by end of January and will be given one week to make a decision to accept or decline.

 NC provides support with training, skills development and job search; Participants will also be expected to participate in an independent job search

 Confirm completion of Grade 12; Are you able to present diploma?