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| Retail Foundations **Program Application** **September 25 – December 14, 2017** | combination_logo.png  |

## Contact Information

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Date of Birth ( DD / MM / YY ) |  |
| Street Address |  |
| Postal Code |  |
| Home Phone |  |
| Mobile Phone |  |
| E-Mail Address |  |
| 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.  |  |

## Availability

### Are you available for up to 16 hours per week (training and placement) for 12 weeks, during program operating hours? Y / N

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

## Program Interest

### Tell us why you are interested in the Retail Foundations program.

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| Participation Are you currently job searching? Y / N If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you able, willing and interested in working in **retail** 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 all transportation costs. Are you able to be transported up to four times a week for 12 weeks to New Circles? 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.

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| E-Mail Address |  |

## 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 |  |

*For Office Use Only*

**FILE INFORMATION:**

* ELIGIBLE TO WORK IN CANADA: PR, Citizen, Waiting for PR, Other
* Income Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* EO FORMS
* SHARED CONSENT
* RESUME
* INTERVIEW

**REVIEW WITH APPLICANT:**

* More than 2 program absences will result in termination from program
* Transportation costs are the responsibility of applicant
* Costly program to deliver; only those who are fully able to commit to 12 weeks and are actively job searching should participate
* We support with training, skills development and job search; students will also be expected to also participate in an independent job search
* Students are required to fully participate in all aspects of the program