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| **LAUNCH ATLANTIC PROGRAM**  **APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | |
| Personal Information | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | |  | |
| Date of Birth | | | Click or tap here to enter text. | | | | | | | | | | | | |  | |
| Address: | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | Click or tap here to enter text. | | | | | Cell: | | | | Click or tap here to enter text. | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact Information | | | | | | | | | | | | | | | | | | | | | |
| Name: | Click or tap here to enter text. | | | | | | | | | | Relationship: | | | | | | Click or tap here to enter text. | | | | |
| Home Phone: | | | | |  | | | | | | Cell: | | | | Click or tap here to enter text. | | | | | | |
| Email: | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
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| Caseworker #1 Information (If Applicable) | | | | | | | | | | | | | | | | | | | | | |
| Name: | Click or tap here to enter text. | | | | | | | Agency: | | | | | Click or tap here to enter text. | | | | | | | | |
| Phone: | Click or tap here to enter text. | | | | | | | Fax: | | | | | Click or tap here to enter text. | | | | | | | | |
| Email: | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |
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| Eligibility | | | | | | | | | | | | | | | | | | | | | |
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| Are you between the ages of 15 and 30?................................. | | | | | | | | | | | | | | | | | | | Yes | No | |
|  | | | | | | | | | | | | | | | | | | |  |  | |
| Are you a Canadian citizen, permanent resident or person who has been granted refugee status in Canada?........................................... | | | | | | | | | | | | | | | | | | | Yes | No | |
| Are you out of school?............................................................... | | | | | | | | | | | | | | | | | | | Yes | No | |
|  | | | | | | | | | | | | | | | | | | |  |  | |
| Are you legally allowed to work in New Brunswick?................... | | | | | | | | | | | | | | | | | | | Yes | No | |
| Are you currently unemployed or underemployed? (working less than 20hrs/week)............................. | | | | | | | | | | | | | | | | | | | Yes | No | |
| Are you currently in receipt of Employment Insurance? | | | | | | | | | | | | | | | | | | | Yes | No | |
| Are you able to commit to 30 hours/week for the duration of the program? | | | | | | | | | | | | | | | | | | | Yes | No | |
|  | | | | | | | | | | | | | | | | | | |  |  | |
| Past Work Experience- Please list most to least recent | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Resume attached? | | | | | | YES | NO | | | | | If NO, please complete this section: | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Job 1** | | | | | | | | | | | | | | | | | | | | |
| Company: | | | | Click or tap here to enter text. | | | | | Position: | | | | | | | Click or tap here to enter text. | | | | |
| Start Date: | | | | Click or tap here to enter text. | | | | | End Date: | | | | | | | Click or tap here to enter text. | | | | |
| Duties: | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
|  | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| **Job 2** | | | | | | | | | | | | | | | | | | | | |
| Company: | | | | Click or tap here to enter text. | | | | | Position: | | | | | | | Click or tap here to enter text. | | | | |
| Start Date: | | | | Click or tap here to enter text. | | | | | End Date: | | | | | | | Click or tap here to enter text. | | | | |
| Duties: | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
|  | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| **Job 3** | | | | | | | | | | | | | | | | | | | | |
| Company: | | | | Click or tap here to enter text. | | | | | Position: | | | | | | | Click or tap here to enter text. | | | | |
| Start Date: | | | | Click or tap here to enter text. | | | | | End Date: | | | | | | | Click or tap here to enter text. | | | | |
| Duties: | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
|  | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
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| Short Answer Questions- Answer on a separate sheet when necessary | | |
|  | | |
| 1. Why do you want to participate in the LAUNCH program? | | |
| Click or tap here to enter text. | | |
|  | | |
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| 2. How will the LAUNCH Program help you achieve your goals? | | |
| Click or tap here to enter text. | | |
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| 3. What do you hope to do after completing the LAUNCH program? | | |
| Click or tap here to enter text. | | |
|  | | |
|  | | |
|  | | |
| Signature: | | |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Applicant Signature |  | Date |