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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. |
|  |
| 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 |
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| 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 |