

CCRW Employment Services Candidate Application and Referral Form

APPLICANT INFORMATION:

Preferred Name:			
Please Indicate Preferred Pronoun:			
<input type="checkbox"/> He/him	<input type="checkbox"/> She/her	<input type="checkbox"/> they/them	<input type="checkbox"/> other:
Address:			
Telephone:		Email:	
How did you learn about us?			

PROGRAM ELIGIBILITY QUESTIONS:

Do you identify as a as a person with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your age?	
Are you a Canadian citizen, permanent resident, or have you been granted refugee status in Canada, and are legally entitled to work in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving assistance under Employment Insurance (EI) benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you collected EI in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
What type of employment are you currently seeking?	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Are you currently Working?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

REFERRAL INFORMATION (IF APPLICABLE):

Organization Name:	
Contact Person:	
Telephone:	Email:
Please state the reason for Referral and/or the Service you would like to access: <input type="checkbox"/> Wage Subsidy <input type="checkbox"/> Short Term Training <input type="checkbox"/> General Employment Services Details:	
Additional Documents Attached: <input type="checkbox"/> A copy of resume or cover letter <input type="checkbox"/> Other, please describe:	
Please select the Follow-up Actions Requested by Referring Agency: <input type="checkbox"/> CCRW will contact the referral source when an initial meeting has been booked <input type="checkbox"/> CCRW will contact the referral source if an initial meeting will not be booked due to program eligibility information outlined on this form	
<i>This application and referral form will be sent via email or fax to:</i> _____	
(CCRW Staff Name)	

CANDIDATE ACKNOWLEDGEMENT AND SIGNATURES:

I agree that I have reviewed the information outlined in this form. I agree to submit this information to the CCRW staff member outlined above.
Candidate Signature:
If Applicable, Referral Source Signature:
Date: