



# PROGRAM APPLICATION

## CONTACT INFORMATION

Name					Date	
Mailing Address						
City		Province		Postal Code		
Phone			Alternative Phone			
E-mail Address						

How did you hear about the Youth Access Program?	
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## ELIGIBILITY

Birth date: (mm-dd-yy)			Social Insurance Number:			
Are you currently receiving Employment Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a Canadian citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you received Employment Insurance in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally entitled to work in Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you received Maternity Benefits in the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	When did you last attend school?			

## EDUCATION

Highest Grade Completed :	
School (s) Attended:	
Additional Training / Certificates:	

## PAST EMPLOYMENT

Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many hours a week do you work?	
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Position:			Employer:		
From:		To:			
Duties:					

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From:		To:			
Duties:					

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What hobbies or interests do you have?
In your opinion, why has it been difficult for you to find full time long term employment?
Do you believe that your community offers opportunities for young people to work or start their own business? Please explain:
How do you feel that this program will benefit you? (Important)
Please check off any / all that apply to you: <input type="checkbox"/> I am a single parent <input type="checkbox"/> I have problems with reading <input type="checkbox"/> I have problems with basic math <input type="checkbox"/> I have a criminal record <input type="checkbox"/> I am on currently on probation <input type="checkbox"/> I have recently been released from a correctional facility (or jail) <input type="checkbox"/> I think I need to get more education <input type="checkbox"/> I have an on-going medical condition <input type="checkbox"/> I have a learning disability <input type="checkbox"/> I have a physical disability <input type="checkbox"/> I have recently moved to this area (within 3 years) <input type="checkbox"/> I am aboriginal <input type="checkbox"/> I am a visible minority
Please include any other additional information you feel is important.

**Please return application to:**

236 Commercial Street (Front of RCMP office) ask for David Keddy  
 Or fax to: 1-902-585-1057  
 Telephone Inquiries: 1-877-232-2723  
 email applications or inquiries [acsbe@acadiou.ca](mailto:acsbe@acadiou.ca)  
 On-line applications available at [www.acsbe.com](http://www.acsbe.com)

**Deadline for Applications:**  
 3:30pm on Thursday, January 28