PRE-APPRENTICESHIP
TRAINING FOR AUTO BODY COLLISION AND DAMAGE REPAIRER (Trade code 310B)

Application Deadline
March 31st, 2020

2020 APPLICATION PACKAGE

Please complete and submit to:
Suad Dualeh
Program Coordinator
Phone: 416-491-7000 ext. 209
Fax: 416-491-4669
Email: sdualeh@tropicanaemployment.ca

Date: ________________________________
Personal Information

Last Name: ___________________________ First Name: ___________________________ M.I. __________
Address: _____________________________ City: ___________________________ Prov: ________
Postal Code: __________________________ Email Address: __________________________
Phone: _____________________________ Cell: _____________________________
DOB: _____________________________ Gender: □ Male □ Female

DO YOU HAVE A VALID SOCIAL INSURANCE NUMBER?: __________________ Bondable □ Yes □ No

Do you own a car □ Yes □ No
If no, what other form of Transportation do you use? __________________
Driver’s License Class □ G1 □ G2 □ G
Do you have a clean driving record? □ Yes □ No
How far are you willing to travel for a placement? __________________________

PLEASE INCLUDE A COPY NOT ORIGINAL OF YOUR HIGH SCHOOL DIPLOMA OR TRANSCRIPTS

Have you successfully completed High School or equivalency □ Yes □ No
What is your highest level of education completed? __________________________
Country of highest education completed □ Canada □ Other Please Specify: __________________
Will you be returning to school in the near future? □ Yes □ No

Have you participated or do you participate in Ontario Youth Apprenticeship Program (OYAP)?
□ Yes □ No
If Yes, please list here: ____________________________________________

Identify any health issues or disabilities that would require additional assistance during the
Academic upgrading/College component or job placement accommodations:
________________________________________________________
________________________________________________________
________________________________________________________
Current Source of income:
□ Ontario Works (OW) □ Employment Insurance (EI) □ Ontario Disability Support Program (ODSP)
□ Dependent of OW/ODSP □ Workplace Safety Insurance Board (WSIB) □ No Income
□ Other: ____________________________
<table>
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<th>Employment History</th>
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Have you had paid employment in Canada? □ Yes □ No
Have you had paid employment outside of Canada? □ Yes □ No

List below all of the work you have done, including volunteer work. Please start with the most recent.

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<th>To:</th>
<th>Company Name:</th>
<th>Contact Name:</th>
<th>Job Title:</th>
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Job Duties and responsibilities:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Reason for leaving:
_________________________________________________________________________________

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Job Duties and responsibilities:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Reason for leaving:
_________________________________________________________________________________

Are we able to speak to your former employer for a reference? □ Yes □ No

Are you currently employed now? □ Yes □ No
if yes, is it full time or part time? ________________
Questionnaire

Have you ever worked, volunteered or completed co-op in an Auto Body shop before? □ Yes □ No

If yes, please explain:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Why do you want a career in the Auto Body sector?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What is your motivation for applying to this program?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Do you like working with your hands? □ Yes □ No

If Yes, please provide an example of something you have done in the past.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Given that the first 19 weeks of this program is non-paid, how will you support yourself financially?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Please outline your five year career plan.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Questionnaire

In one word, how would you describe your work ethic? ___________________________

Please explain why:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please outline the challenges you fear will hold you back from being successful in this program:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What is your favourite type of car? ___________________________

Please explain why:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What do you feel is your biggest accomplishment to date?
__________________________________________________________________________

Please explain why:
__________________________________________________________________________
__________________________________________________________________________

If not selected for the Auto Body program, what other trades are you interested in?

Please explain why:
__________________________________________________________________________
__________________________________________________________________________
How did you hear about Tropicana Employment Centre and this Pre-apprenticeship training program?

□ Friends/Relatives □ Tropicana Staff – Name: ________________________ □ Tropicana Website
□ Community Agency – Name: ________________________ □ Flyer/Poster
□ Newspaper □ Magazine □ Other Website
□ Ontario Works Office – Name: ________________________ □ Body shop – Name: ________________
□ Former Graduate of this program – Name: ________________________

Please list 3 references:

Name: ________________________ Phone: __________________ Relation: ______________________
Name: ________________________ Phone: __________________ Relation: ______________________
Name: ________________________ Phone: __________________ Relation: ______________________

Please ensure that all below is included with your application submission:

□ High school transcripts or diploma
□ Resume
□ Copy of a valid driver’s license

Confidentiality Clause: Consent to Release Information

I, ________________________, authorize Tropicana Employment Centre or its authorized representative to share information, documents and/or records in their possession for the purpose of providing me with employment services. I also understand that this information may be used to generate statistical reports, measure program activities and/or for the Pre-apprenticeship program evaluation.

_____________________________   ___________________________   ____________________
Signature                   Witness                     Date

Please include a copy of either your High School Transcripts, High School Diploma or Equivalency certificate.
Notice of Collection of Personal Information and Consent (Ministry of Training, Colleges and Universities)

The Ministry of Training, Colleges and Universities (the Ministry) provides a financial contribution to your training organization to offer a Pre-Apprenticeship Training Program (the Program). The goal of the Program is to increase apprenticeship registrations to ensure that Ontario has the skilled labour necessary to support growth and attract investment.

The Program is partly funded by Canada under the Labour Market Agreement (LMA) between Canada and Ontario. Under the LMA, the Ministry is required to report to Canada about the results of the Program and to evaluate and review the Program.

Under the financial contribution agreement with the Ministry, your training organization is required to provide de-personalized information about the ages and other characteristics of the participants, including their educational, training and employment status during and after the end of the Program.

Your training organization is also required to give the Ministry and its contractors or auditors access to all of its records if necessary to review, inspect, investigate, monitor and audit the performance of its obligations under its agreement with the Ministry. To do this, the Ministry may need to have access to the personal information you have provided to your training organization.

In addition, the Ministry or its contractors may want to contact you to ask your opinion of the Program, either individually or as part of a group, and to request your voluntary participation in public relations campaigns related to the Program. The Ministry would need to obtain your contact information from your training organization for these purposes.

By signing below, you give consent to the Ministry to collect your personal information from your training organization and use it for the above purposes.

Your personal information is collected under the Ontario College of Trades and Apprenticeship Act, 2009, S.O. 2009, c. 22, Sched. A, as amended and the LMA.

If you have questions about the collection, use and disclosure of this information, contact the Manager, Employment Ontario Contact Centre, Ministry of Training, Colleges and Universities, 33 Bloor Street, 2nd Floor, Toronto, Ontario M7A 2S3, 1-800-387-5656; Toronto: 416-326-5656; TTY: 1-866-533-6339.

Signature __________________________

Date ________________________________
    Day  Month  Year

For participants under 18 years of age, the parent or guardian must also sign.

Signature __________________________

Date ________________________________
    Day  Month  Year

Print Name __________________________
CLIENT RELEASE OF PERSONAL INFORMATION

Except for the reasons outlined below, each client's personal information is not shared with anyone outside the agency. Your personal information will be shared with staff of the TROPICANA EMPLOYMENT CENTRE only, in order to help you to find a job.

Please do note the following exceptions:

1) In providing services to you, we may need to share information with other agencies or individuals as it relates to helping you to get a job.

   Any information released will be for the purpose of assisting you to find and keep a job. No more information than necessary will be disclosed.

2) To get in touch with you, we may need to send e-mail, regular mail or leave voice mail messages at the addresses or numbers that you give to us, and if applicable, at the voice mail box that TEC has provided for you. Please be aware that we do not control who reads or hears our messages that are intended for you.

I, ______________________________, understand the above policy on confidentiality and give permission for TEC staff to send e-mail messages, and/or regular mail, and/or leave voice mail messages to me using the contact information that I have provided and, if applicable, the voice mail box that TEC has provided for me. If I have any questions or concerns, I will make them known to my Employment Counselor at TEC.

CLIENT SIGNATURE: ______________________________________

DATE: __________________________________________

WITNESS: ____________________________________________

(TROPICANA EMPLOYMENT SERVICES STAFF SIGNATURE)
Form for Media Recording

I consent and agree that Tropicana Community Services, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on __________________________ and ending on __________________________ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of advertising, promotion and reports. I consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Tropicana Community Services, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement. (17 years of age and younger, parental consent is required)

Youth Name: ________________________________________________________________

First Name

Last Name

Date: ________________________________

Home Address: _____________________________________________________________

Phone: ________________________________

I am the parent or guardian for _______________________________________________

Parent First Name______________________ Parent Last Name_______________________

Witness for the undersigned: _______________________________________________

Signature: ________________________________________________________________