|  |  |
| --- | --- |
| Z:\MARKETING\Serena\Small Gateway Logo.png | Project Application |
|  *Please complete this form to the best of your ability.* |  |

## Applicant Information

Date:

|  |  |  |
| --- | --- | --- |
| Full Name:  |  |  |
| Address: |  |  |
|  | *Street Address*  | *Apartment/Unit #* |
|  |  |  |
|  | *City*  | *Postal Code* |
|  | Do you receive funding supports?

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |
| If yes, please explain: |

 | Do you have a resume?

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |
| If yes, please attach to this application. |

 |
| Date of birth: |  |
| Diagnosis: |  |
| Phone: |  |  |
|  | *Cell Phone* | *Home Phone* |
| Email: |  |
| Best way to contact: |  |
| How did you hear about Gateway? |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Do you have shelter?

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |  Do you have access to food?

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

 |

## Please Share Why You Are Struggling to Find Employment:

|  |
| --- |
| *Please explain:* |
|  |
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## Previous Employment Supports Experience

Please list any previous supports you have received. What were the results of these supports?

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## Interests

Please list some of your interests. Is there a specific field of work you would like to work in?

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|  |

## Skills

|  |  |
| --- | --- |
|  | Please list some skills you can offer an employer. |
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|  |  |
|  |  |

## Accommodations for Employment Success

What supports would you require in the workplace?

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| --- |
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## Previous Work/ Volunteer History

Describe your previous work or volunteer history.

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## Disclaimer and Signature

I understand that by completing this form, I will be put on the waiting list for the Gateway Employment Supports program, but I am not guaranteed a spot.

I certify that my answers are true and complete to the best of my knowledge.

I understand that the content of this form is for background purposes only and will not be used to determine my eligibility into the program.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name of Guardian (if applicable): |  |
| Guardian’s Signature (if applicable): |  | Date: |  |

|  |
| --- |
| Additional comments:  |
|  |

**Please email completed application to get-work@gatewayassociation.ca**