

COLUMBIA TRAINING CENTER EMPLOYMENT SERVICES APPLICATION FORM AND APPLICANT PROFILE

NOTE: <i>Must; Shall; Will:</i> <i>Should:</i> <i>May or Could; Can:</i>	Clarification of Terms These words or phrases indicate actions or activities that are <i>essential</i> or <i>mandatory</i> . This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.
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Please answer all questions as best as you can. We may have to send it back if you do not fill in all the questions, then you may not start when you want to.

PLEASE PRINT (legibly) put "N/A" (not applicable) if you don't know the answer.

Personal Information:

Name: _____

Address: _____ Postal Code: _____

Telephone: _____ Cell#: _____ Email: _____

Birthdate: ____ / ____ / ____
 Day Month Year

Male: Female Genderqueer/Non-Binary

Social Insurance Number: _____

Do you have an Alberta Health Care Number? Yes No

Do you have a current Police Record Check? Yes No

Do you have a Personal Directive Yes No

Do you have a Goals of Care Designation? Yes No

When do you want to start the service: ____ / ____ / ____ ?
 Day Month Year

Personal Support Network:

Services Coordinator Name _____ Telephone# _____

AISH Worker Name _____ Telephone# _____

Guardian Name _____ Telephone# _____

Trustee Name _____ Telephone# _____

Residential Worker Name _____ Telephone# _____

Personal Counselor Name _____ Telephone# _____

Other Services Name _____ Telephone# _____

Living Arrangements, you live:

- By Yourself With a Supported Roommate In a Group Home
 With Your Parents Other: Please explain _____

Who can we contact in case of an emergency?

Name _____ Who is this? _____
 Their Address: _____

Telephone: _____ Cell#: _____ Email: _____

Who else can we contact if we cannot reach your emergency contact?

Name _____ Who is this? _____
 Their Address: _____

Telephone: _____ Cell#: _____ Email: _____

Academic Level: (Check those that apply)

Reading:

- I cannot read I know what words look like
 I can read a little I can read a book

Writing:

- I can only write my name I can write a letter
 I can write a few words

Mathematics:

- I can add I can divide
 I can subtract I can multiply

Education:

What High School did you last go to? _____

What year did you start and finish? _____ / _____ / _____
Day Month Year

Residential/ Vocational:

Have you been or are you with other Services since leaving High School?

- Yes No

If you have been or are with other Services, please answer this part next:

Name of Services: _____ Telephone: _____
Address: _____
Date Started: _____ Date Finished: _____
Reason for Leaving: _____

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Address: _____
Date Started: _____ Date Finished: _____
Reason for Leaving: _____

Health and Medical:

Do you have any health or medical problems that we should be aware of? Please provide details below:

Health or Medical Concern:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What medication are you taking if any?

Do you take this medication by yourself: Yes No

How do you take this medication? _____

General Information:

Disability:

Describe your disability

AT-EI (Assistive Technology – Environmental Interventions):

Do you use any of these?:

Transportation: (Check those that apply)

How do you get around the city?

- | | |
|--|---|
| <input type="checkbox"/> I only use Access Calgary | <input type="checkbox"/> I can call transit for information |
| <input type="checkbox"/> I can use transit alone | <input type="checkbox"/> I have a driver's license |
| <input type="checkbox"/> I know lots of routes | <input type="checkbox"/> I have a vehicle |

Do you need help with transportation to get to the college or to work?

- Yes No

If you need help with transportation, what kind of help do you need?

Communication Skills:

Describe how you communicate with others (verbal, bliss, signing, etc.) and the level of your ability.

Social Skills:

a) How well you get along with others?

b) Who are your main social contacts (i.e. Family, friends etc.)

Self Help Skills:

Comment on grooming, personal hygiene, and eating, dressing and personal safety awareness.

Residential Skills:

Comment on ability to plan and prepare meals, do laundry, house cleaning, grocery shopping, get around independently in the community, telephone skills, etc.

Recreation/Leisure:

Describe your past and current involvement in individual and group activities.

Behavior Concerns:

Describe any unusual behaviors, when and where they occur, their frequency and possible causes.

Community Awareness:

Are you aware of the services that are available for you in your community? (I.e. Health and social services, police, emergency, social event schedules etc.)

Yes No

Do you need help accessing services in your community?

Yes No

If yes please explain: _____

Include any generic or specialized services you are or have been involved with.

Additional Comments (Is there anything else that we need to know?):

Employment Related Information and Work Profile:

Why do you want work?

3 kinds of jobs that you want to try:

a) _____

b) _____

c) _____

Check the type of work you are looking for:

Full-time Employment Up to how many hours of work per week: _____

Or

Part-time Employment Up to how many hours of work per week: _____

Check the days and times that you can work:

Daytime hours on: Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

Evening hours on: Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

The earliest time you can start work is: _____

The latest time you can finish work is: _____

Do you need time off? If you do, please tell us why:

Employment, Volunteer, or Work Experience History:

Employer: _____ Telephone: _____
Address: _____
Dates of Employment: _____ from (month/year) _____ to (month/year)
Name of Supervisor: _____
Type of Experience: Volunteer _____ Work Experience _____
Supported Employment _____ Competitive Employment _____
Why did you leave? _____
What did you do there? _____

Employer: _____ Telephone: _____
Address: _____
Dates of Employment: _____ from (month/year) _____ to (month/year)
Name of Supervisor: _____
Type of Experience: Volunteer _____ Work Experience _____
Supported Employment _____ Competitive Employment _____
Why did you leave? _____
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Dates of Employment: _____ from (month/year) _____ to (month/year)
Name of Supervisor: _____
Type of Experience: Volunteer _____ Work Experience _____
Supported Employment _____ Competitive Employment _____
Why did you leave? _____
What did you do there? _____

More Questions about Employment:

What did your last boss say about how you worked? _____

Barriers to Employment:

(What is the main difficulty you have getting employment on your own?) _____

Describe your strengths (What can you offer your employer?): _____

Describe your needs (Areas you need to work on): _____

Circle all the answer that sounds the best to you:

- a) Do you want to work indoors outdoors either?
- b) Do you want to work where it's hot cold either?
- c) Do you want to work where it's wet dry either?
- d) Do you want to work where it's clean dusty either?
- e) Do you want to work where it's quiet noisy either?
- f) Do you want to work with chemicals natural things either?
- g) Do you want to work with people by yourself either?
- h) Do you want to work with customers no customers either?
- i) Do you want to work in low stress high stress either?
- j) Do you want to work where it's busy relaxed either?

What is the best way for you to understand what to do? (Learning)

- When someone tells you
- When someone writes them down for you
- When someone shows you

Check the best answer to the following questions:

How much help do you need to from your boss and co-workers? (Independence)

- I need a lot of help
- I don't need help
- I need a little help

How much help do you need to do your job from your Employment Specialist? (Independence)

- I need a lot of help
- I need a little help
- I don't need help

How much can you lift and carry? (Strength)

- 0 – 10 pounds
- 10 – 20 pounds
- 20 – 50 pounds
- More than 50 pounds

How long can you work without taking a break? (Endurance)

- Less than 2 hours
- 2 – 3 hours
- 3 – 4 hours
- More than 4 hours

How long can you stand before you have to sit down? (Endurance)

- Less than 2 hours
- 2 – 3 hours
- 3 – 4 hours
- More than 4 hours

When you are at work, which of these is the biggest area that you can work in without getting lost or confused? (Orientation)

- One room
- 3 or more rooms
- A large building
- A building and yard

How fast can you work? (Speed)

- Fast
- Medium
- Slow
- Very slow

Can you tell time?



- Using a clock that has hands (analog)



- Using a clock with numbers only (digital)
- I can tell when it's time for breaks and lunch
- No I can't

How well can you move around? (Mobility)

- I can move around with no trouble
- I can move around pretty well but I have troubles when: _____

- I can't move around very well because: _____

When you work, how safe are you? (Safety & Dexterity)

- I can use my fingers, hands, arms and legs well
- I can't move my fingers, hands, arms and legs well because:

I have trouble paying attention to what I am doing

I have no problem being safe at work

I have W.H.M.I.S. training

Can you work in a place where things change? (Flexibility)

Yes I can

I have some trouble with changes because:

No I can't because:

Other:

Comment on any items not discussed above that you feel important:

Disclosure

In order to properly provide services, and to assess any risk of harm to the Individual, staff or others, Columbia Training Center is prepared to undertake services only upon condition that the Individual and where applicable their legal guardian and/or their support team makes full disclosure of all information pertaining to the Individual relevant to any of the following:

- a) any history of violent, abusive, threatening, unlawful or suicidal behaviour;
- b) all available professional opinions regarding the Individual's inclination towards violent, threatening, unlawful or suicidal behaviour;
- c) any medical or other information regarding medication, therapy or other treatment that may assist in avoiding threatening, unlawful or suicidal behaviour;
- d) any health information or other information that might assist the Columbia Training Center in providing services for the Individual;
- e) the identity of any health care provider, custodian or affiliate of a custodian including Alberta Health Services, which may have any of the above information in its possession.

By signing this document, the Individual and where applicable their legal guardian and/or their support team confirm full disclosure of this information to the Columbia Training Center and agree to promptly provide the Columbia Training Center with any updated information in this regards while the Individual remains in service with the Columbia Training Center.

Understanding and Signing:

I have read and understand this form, or someone has helped me so that I do understand this form. By signing below, I agree to have the Columbia Training Services Coordinator call me to set up an interview.

Your Name: _____ Signature: _____ Date: _____

Legal Guardian: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Date Received	_____
Interviewed by	_____
Interview Date:	_____
<input type="checkbox"/> Acceptance Letter Sent:	
<input type="checkbox"/> Non- Acceptance Letter Sent:	