



Career Focus Participant Application Form

Let Career Focus help you stand out amongst the competition! Please review the eligibility criteria below and if you're a match please complete this participant application form as accurately as possible. Once your application is submitted, a representative from Bowman Employment Services will contact you to discuss your next steps in the program.

- ✓ **Between the ages of 15 and 30 (inclusive) at the time of intake**
- ✓ **Reside in BC Southern Interior Region**
- ✓ **Canadian citizen, permanent resident, or a person who has been granted refugee status in Canada**
- ✓ **Legally entitled to work according to the relevant provincial legislation and regulations**
- ✓ **Not in receipt of Employment Insurance (EI) benefits**
- ✓ **Seeking full-time employment**

Reviewed the checklist above? Still not sure if you qualify...

Email us at careerfocus@bowmanemployment.com or contact us at 866.941.3100.



Career Focus Participant Application Form

PARTICIPANT INFORMATION

Date: (DD/MM/YYYY)		Last Name: (as shown on S.I.N card):		First Name(s) (as shown on S.I.N card):		Initial:	
Street Address:				City:		Postal Code:	
Phone:		Cell Phone:		Email:		Date of Birth: (DD/MM/YYYY)	
Are you currently receiving E.I?		Have you previously participated in a Youth Employment Strategy Program?					
Yes No		Yes No					
Please select one:		Canadian Citizen or a Permanent Resident or a Protected Person within the meaning of the Immigration and Refugee Protection Act					

Please indicate your education and employment history below, including your school, credentials and dates.

EDUCATION

Name of Institution	Program Name	Credential	Date Completed
		Certificate Diploma Degree	
		Certificate Diploma Degree	

How long have you been out of school?

Less than 6 months?
 6 months to 1 year?
 1 year to 3 years?
 Longer than 3 years?

EMPLOYMENT HISTORY

Are you currently: Employed Unemployed Under-employed (less than 20 hours per week)

Since finishing secondary school, what jobs have you held? Please start with most recent job.

EMPLOYER NAME	YOUR POSITION	EMPLOYMENT DATE <small>From MM/YY to MM/YY</small>	HOURS PER WEEK



JOB READINESS

What is your employment goal / job objective?

What industry sectors are you targeting?

Are you ready, willing, and able to start full time work immediately?	Yes	No
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COMPLETING YOUR APPLICATION

Please read carefully and check "I Accept" for each line to complete your application.

I Accept:

The information I provided in this application to the best of my knowledge, is accurate.

I understand that in order to take part in The Career Focus program, I must provide my Social Insurance Number (SIN number) to the program, who will share it with the GOVERNMENT OF CANADA for the purpose of determining program eligibility.

I will develop (in conjunction with my employer) a learning plan to assist with maximizing my involvement in the program.

Applicant's Signature: <i>(please hand sign)</i>	Date: <i>(DD/MM/YYYY)</i>
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Please **print and hand sign** your completed application and fax it to 866-861-3135 or email it to careerfocus@bowmanemployment.com

Someone will contact you within **2 working days** to discuss your application.

This project is funded in part by the Government of Canada's Youth Employment Strategy.



Career Focus Youth Wage Subsidy Program



CONSENT FOR THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

I, _____, (*please print your name*) understand that I am participating in a Program coordinated by Bowman Employment Services Inc. and funded by the Government of Canada for the purpose of attaining work experience. The following information is required in order for Bowman Employment Services to determine eligibility for participation in work experience and to meet statistical reporting requirements. Please answer the following questions.

I am currently: UNEMPLOYED	EMPLOYED	Date of request for assistance (MM/DD/YYYY):
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SOCIAL INSURANCE NUMBER: (DO NOT input S.I.N on this form. Please provide verbally when requested)			
FIRST NAME:	MIDDLE NAME:	LAST NAME:	
STREET ADDRESS:		CITY:	POSTAL CODE:
TELEPHONE:		DATE OF BIRTH (MM/DD/YYYY)	

I further understand the following:

- The **purpose** for the collection of my personal information is to allow Bowman Employment Services Inc. to meet its obligations under the Contribution Agreement with CANADA as outlined on the opposite side of this page;
- Bowman Employment Services Inc. is obligated to and has the **legal authority** for collecting information in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act* ;
- When my personal information is provided to CANADA, it is protected under the *Freedom of Information and Protection of Privacy Act* and I have the right under this Act to obtain **access** to that information from CANADA; and
- When my personal information is provided to Bowman Employment Services Inc., it is protected under the *Personal Information Protection Act* and I may **contact** the Privacy Officer at 250-861-3100 if I have any questions about the collection and use of my personal information.

In accordance with the provisions of the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, I hereby consent to the collection, use and disclosure of my personal information as outlined above and on the opposite side of this document for the purpose of my participation in your Project to meet any statutory or contractual obligations to your program funding bodies or regulatory and other requirements imposed by the operation of law as a result of the provision of your programs and services to me.

I have read, understood, and initialed Sections A, B, C, D, and E on the opposite side of this page.

Participant Signature (*please hand sign*)

Date

Signature – Bowman Employment Services Inc.

Date



Career Focus Youth Wage Subsidy Program



Consent For The Collection, Use and Disclosure of Personal Information Page 2

As stated on the opposite side of this page, I understand and agree to the following collection, use, and disclosure of my personal information **(please initial by hand):**

A	Purpose: To enable Bowman Employment Services Inc. to share my personal information where required for the purpose of meeting their obligations under their Contribution Agreement with CANADA.	Client's Initials _____
B	Purpose: To ensure eligibility for participation in a work experience and compliance with my Return To Work Action Plan, Bowman Employment Services Inc. may collect, use and disclose information with/from the referring case management agency regarding details associated with my eligibility, and details associated with my work experience placement such as start and end dates, progress, termination, and completion. If the agency responsible for collecting and updating this information is different and separate from the referring agency, I agree to the disclosure of my information to both agencies.	Client's Initials _____
C	Purpose: To allow Bowman Employment Services Inc. to forward my resume to prospective employers for the purpose of assisting them in securing a work experience placement for me.	Client's Initials _____
D	Purpose: To allow Bowman Employment Services Inc. to collect and use my personal and employment information on their Intake Information Form and my resume for the purpose of finding a work experience placement for me.	Client's Initials _____
E	Purpose: Where required for the purpose of meeting their obligations under their Contribution Agreement with CANADA, Bowman Employment Services Inc. may collect, use and disclose with/from my work experience placement employer information including my Social Insurance Number, progress, termination and payroll.	Client's Initials _____