

**Targeted Initiatives for Older Workers (TIOW) Program**

**Student Application Form**



Phone: (867) 332-7079  
Email: tiow@yukonu.ca

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apartment/Unit #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Territory:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone: (h)** \_\_\_\_\_ **(c)** \_\_\_\_\_ **Email:** \_\_\_\_\_

1. What is your date of birth? (DD/MM/YYYY)? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Are you currently unemployed? Yes \_\_\_ No \_\_\_

If yes, how long have you been unemployed? \_\_\_\_\_

If no, briefly describe your current employment situation?

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3. Are you prepared to spend 5 hours per day, 5 days per week in a classroom for 9 weeks and to participate in a 4-week work placement? Yes \_\_\_ No \_\_\_

4. Why did you leave your last job? \_\_\_\_\_

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5. Are you currently actively seeking employment? Yes \_\_\_ No \_\_\_

6. What do you feel are the major reasons that you are not working or want to change your current work?

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7. What are your future employment goals? What type of employment would you like to pursue?

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8. Would you need any classroom supports to accommodate any personal issues such as vision, hearing, arthritis, etc. Yes \_\_\_ No \_\_\_

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9. Below are some of the major topics covered in the TIOW program. Please indicate your skill level for each topic (low/medium/high).

<b>TOPIC</b>	<b>low</b>	<b>medium</b>	<b>high</b>
<b>First Aid</b>			
<b>Basic Computer Skills (Email, Word, Excel, PowerPoint)</b>			
<b>Conflict Resolution</b>			
<b>Foodsafe</b>			
<b>WHMIS</b>			
<b>Resume Writing</b>			
<b>Job Interview Skills</b>			
<b>Employment Standards and Workplace Safety</b>			
<b>Self-awareness (personality type, learning styles)</b>			

10. Which of the above topics are most important for **you** to learn if you take the TIOW program?

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**Applicant Signature**

**Date**