



Employment Program Application Form

Preferred Name: _____ Pronouns: _____
(e.g. she/her, they/them)

Legal Name (or "deadname") as
appears on govt-issued ID: _____

Telephone #: _____ Email: _____

Age: _____ Date of birth: _____

Do you experience barriers to employment? (please circle) **Yes / No**
(Note: barriers to employment may include barriers related to
identity, access, ability, level of education &/or skills training, etc.)

Do you have a disability? **Yes / No**

Have you applied to one of our programs before? **Yes / No**
If Yes, when? _____

Do you have a Social Insurance Number (SIN)? **Yes / No**

Did someone refer you to us? **Yes / No**
If Yes, who?

Name: _____ Organization: _____

What employment program are you most interested in?

- Homegrown** for youth with barriers to employment, ages 15-30
- Cultivating Abilities** for people who identify as having a disability or barriers to employment

What education do you have? Please list last grade completed, certificates, training programs completed, courses taken, etc.

What work or volunteer experience do you have?

	Job Title	Company	Dates	Duties
1				
2				
3				
4				

Please briefly describe what work you would like to be doing:

Please tell us five things about you or five things you are interested in (I am energetic, I like music, I love gardening etc.) :

Signed by: _____ Date: _____

Mail or drop off: Nanaimo Foodshare, 271 Pine St., Nanaimo V9R 2B7

Email: homegrown@nanaimofoodshare.ca

Questions? Please call 250-753-9393

Thank you for applying! We will contact you shortly about your application.