

Construction

CAREER PROGRAM



VanAsep

TRAINING SOCIETY

#808-100 Park Royal
West Vancouver, BC V7T 1A2
Tel.: 604.925.2180
Fax: 604.925.2181

Application for: CPEP
 Skills
 Apprenticeship
 Employment
 DTE
 Essential Skills

Are you a Registered Apprentice? Yes No

Trade: _____

Issue Date: _____ Apprentice Reg #: _____

ATA: _____ Apprentice TWID#: _____

Application for Training/Apprentices/Construction Careers Registry

**Use Ink to complete the registration form, answer all questions, and print clearly*

Are you registered with a Local AHRDA service provider in British Columbia? Yes No

Name of Aboriginal referral agency: _____ Case Manager: _____

Last Name: _____ First Name: _____

Current Mailing Address: _____

City _____ Province: _____ Postal Code: _____

Home Tel.: _____ Cell/Messages: _____

Birth Date: _____ Soc. Insurance Number: _____

GENDER (check one): Male Female

Are you (select one): First Nations Métis Inuit Non-Status First Nation Name: _____

Marital Status: _____ Are you legally eligible to work in Canada? Yes No

Do you have any disability or health condition which may interfere with your ability to perform the duties of the position you applied for? Yes No Please specify _____

EDUCATION

Last grade completed _____ Senior Secondary School _____ Check one: BC Dogwood G.E.D or equivalent

College _____ University _____ Trades Training _____ Level _____

What grade level/certificate/diploma/degree did you attain? _____

What trade(s) are you interested in pursuing? _____

Trade / Technical Related Training:

Program	University/College/Technical	Location	Attended
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Program	University/College/Technical	Location	Attended
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PREVIOUS TRADES RELATED EXPERIENCE/EMPLOYMENT

Are you a member of a Trade Union? (please specify) _____ Local _____

Company	Start Date	End Date	Trade-related Work Experience

SPECIAL CERTIFICATES:

Dangerous Goods Yes No

WHMIS Yes No

First Aid Yes No

CSTS Yes No

Fall Protection Yes No

OTHER: _____

Valid Drivers' License: Yes No

Vehicle: Yes No

Hearing Test: Yes No

OTHER COURSES:

Course Name: _____ Start Date: _____ End Date: _____

Course Name: _____ Start Date: _____ End Date: _____

Course Name: _____ Start Date: _____ End Date: _____

Course Name: _____ Start Date: _____ End Date: _____

REFERENCES:

Name: _____ Phone: _____

Name: _____ Phone: _____

Applicants Declaration

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify:

- That I understand that the information provided in this application may be released to the Governments of Canada and the Province of British Columbia; and
- I confirm that the information on this application is correct.

Applicant's Signature

Print Name

Date

Witness Signature

Print Name

Date

Supported by:



Human Resources and
Skills Development Canada

Resources humaines et
Développement des compétences Canada