

## YOUTH IN ACTION: SUMMER WORK EXPERIENCE 2024

To apply, applicants MUST:

1. Complete and submit the full application by **Friday, April 26<sup>th</sup>, 2024**, via email to: [CareerCompass@communitylivingessex.org](mailto:CareerCompass@communitylivingessex.org) The application can also be filled out on our website: <https://www.communitylivingessex.org/services/career-compass-employment-supports/via/via-application-form/>
2. Be 16 – 29 years old
3. Have an intellectual disability (confirmed through Developmental Services Ontario)
4. Arrange their own transportation to and from work
5. Commit to the following:
  - Completing an interview with the Career Compass team during the week of May 6<sup>th</sup>- May 10<sup>th</sup>.
  - Attending and participating in our virtual/in-person job readiness training tentatively scheduled for the week of May 21<sup>st</sup> for group 1 and the week of July 8<sup>th</sup> for group 2, where students will learn about and engage in discussions about employment, appropriate behaviour on the job, and problem solving.
  - Adhering to and following a work schedule as determined and required by the employer.
6. Have a Social Insurance Number, and a bank account for payroll deposits from the employer.
7. Ensure time missed during work will be due to emergency situations or illness only.

**Career Compass will make every effort to reach our goal of finding and matching each student participant to a summer job.**

If you have any questions regarding Youth in Action or require assistance filling out the application, please contact Shelby Pillon, Manager Community Living Supports overseeing Career Compass  
519-776-6483 ext. 276 or [spillon@communitylivingessex.org](mailto:spillon@communitylivingessex.org)

The information gathered will be used to assist the Career Compass team in finding the best possible fit for summer work experience for the youth listed within this application. This information will be kept confidential. Students are encouraged to seek assistance to complete this application if needed.

### Student's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### How did you hear about the Youth in Action: Summer Work Experience program?

- A Presentation     A Teacher     Saw the Pamphlet     Website     Social Media     Word of Mouth  
 Other (describe): \_\_\_\_\_

Are you between the ages of 16 and 29? YES NO

Date of Birth: \_\_\_\_\_

Do you have a bank account? YES NO

Do you have a SIN (Social Insurance Number)? YES NO

Do you have reliable transportation? YES NO

Do you have your driver's license? YES NO

### Home Community

What areas of Essex County would be most convenient for you to work in? (Please check all that apply)

- Amherstburg       Harrow       LaSalle       Essex       McGregor       Tecumseh  
 Belle River       Comber       Lakeshore       Kingsville       Leamington       Windsor

### Education Information

Name of School: \_\_\_\_\_ Program/Diploma Name (OSSD/OSSC) \_\_\_\_\_ Year \_\_\_\_\_

Have you received any training or certifications? (For example: Safe Food Handling, Smart Serve, WHIMIS, etc.)

YES NO Please list: \_\_\_\_\_

### Areas of Interests

Are you interested in Competitive Employment or Self Employment (starting a small business)? (Please check one)

- Competitive Employment       Self Employment

If answered COMPETITIVE EMPLOYMENT: Please number the top 5 jobs/fields that you may be interested in, in order of preference (1 being the one you prefer the most):

\_\_\_\_\_ General Labour (heavy lifting/moving)

\_\_\_\_\_ Retail (stocking/sorting/greeter)

\_\_\_\_\_ Office work (filing/clerical duties)

\_\_\_\_\_ Outdoor work (grass cutting/weeding)

\_\_\_\_\_ Maintenance (painting/cleaning)

\_\_\_\_\_ Kitchen (dishes/food prep)

\_\_\_\_\_ Janitorial (washing floors/windows/sweeping)

\_\_\_\_\_ Other (describe): \_\_\_\_\_

WHY are these jobs interesting?

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Please list any additional skills or interests you have that may be helpful to secure the best job match.

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If answered SELF EMPLOYMENT:

a) Will family and friends be able to provide assistance with keeping the business running?  YES  NO

b) What kind of small business would it be? \_\_\_\_\_

### Experience

Please list the last 2 paid positions, co-op placements through school or volunteer opportunities you have had.

1. Employer/Organization: \_\_\_\_\_ Start Date (dd/mm/yyyy): \_\_\_\_\_ End Date (dd/mm/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Can we contact this employer/supervisor?  YES  NO

Briefly describe duties & responsibilities:

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2. Employer/Organization: \_\_\_\_\_ Start Date (dd/mm/yyyy): \_\_\_\_\_ End Date (dd/mm/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Can we contact this employer/supervisor?  YES  NO

Briefly describe duties & responsibilities:

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### References

Please provide two people who we can contact for references. They can be teachers, or from past job/co-op/volunteer placements.

1. Name: \_\_\_\_\_ Contact Information (phone or e-mail): \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact Information (phone or e-mail): \_\_\_\_\_

### Consent

I hereby grant permission to Community Living Essex County to contact previous employers, schools, and other organizations indicated on this application (unless indicated otherwise) and I hereby authorize my former employers, schools and other organizations indicated to provide information concerning employment, education, and/or character.

I hereby release those individuals or organizations from any and all liability and damages for providing such information.

I hereby declare that the information contained in this application is true and complete to the best of my knowledge. I understand that any omission or misrepresentation of information on this application may disqualify me from Youth in Action: Summer Work Experience.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_