



**RETAIL TRAINING PROGRAM**  
**APPLICATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Parent or legal guardian name: \_\_\_\_\_ Parent's phone: \_\_\_\_\_

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Birth Date: \_\_\_\_\_ Medical #: \_\_\_\_\_

Please check off the following certificates you have received: \_\_\_\_\_ Food Safe \_\_\_\_\_ World Host (Super Host)

Are you in the care of the Ministry of Children and Families? \_\_\_\_\_

Do you have any emotional, physical conditions or other commitments that may require special assistance in the workplace? (For example, ADD, Depression, Anxiety, learning disabilities, back problems, trouble standing for long periods), If so, please explain and let us know what assistance you may need to be successful in the program:

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How did you hear about Aunt Leah's Society?

\_\_\_\_\_ Internet \_\_\_\_\_ School \_\_\_\_\_ Social Worker \_\_\_\_\_ Friend or Family \_\_\_\_\_ other

If other, please explain: \_\_\_\_\_

Are you currently working? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a job before? If so, please explain:

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Please send completed application forms to:  
**Aunt Leah's Retail Training Program**  
675 SE Marine Drive, Vancouver BC V5X 2T5  
Ph: 604-376-7238 Fax: 604-266-9947