

**British Columbia Regional Council of Carpenters
Summer Youth Employment Project**

1) Social Insurance Number: _____

2) _____
Last Name First Name Middle Name

3) _____
Address City Province Postal

4) _____ 5) D / M / Year 6) _____
Telephone Date of Birth Secondary School Name

7) _____
Cell phone E-Mail

List Previous Experience and/or Safety Certifications (if any): _____

Transportation Method (please check the boxes that apply): Bus Car Transportation

Other: _____

Area of Town Closest to You: _____

AUTHORIZATION:

CONSENT TO THE COLLECTION, USE, AND DISCLOSURE OF THE PERSONAL INFORMATION

I understand that the information I have given on this form may be collected, used and disclosed by the British Columbia Regional Council of Carpenters and its Locals for the purpose of assessing eligibility for employment or training opportunities through the British Columbia Regional Council of Carpenters. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act and may be disclosed only as provided by that Act.

Signature of Applicant

Date