



Connections to Employment

PR ID/UCI: _____

Applicant Information

Full Name: _____ Birthday: _____
Given name Family name M.I. (DD/MM/YYYY)

Address: _____
Street Address (Apartment/Unit #)

City Province Postal Code

Phone: _____ Country of Birth: _____

Email: _____

Emergency Contact Name Emergency Contact Phone Number

Preferred start date

January [] May [] September [] Year: _____

Do you require Childcare? Yes [] No []

Who referred you to this program?

Catholic Social Services (CSS) [] EMCN [] Friend [] Please provide their name: _____

Solomon College Classes [] Presentation [] Other: _____

Student signature: _____ Date: _____

Please submit your PR card and the English language assessment from Catholic Social Services or LINC certificate

Multimedia Release

- [] Yes, I give Solomon College (the College) consent to post, publish, reproduce,
[] No, I do not give Solomon College (the College) consent to post, publish, reproduce,
exhibit, and display any multimedia content containing my image, for use in connection with the activities of the
College or for promoting, publicizing, or explaining the College's programs or its activities. This permission includes,
without limitation, or compensation, consent to publish such content in promotional materials, such as marketing
publications, advertisements, and any other College-related publication.

Signed: _____ Date: _____