

## STUDENT TRAINING AND EMPLOYMENT PROGRAM (S.T.E.P.)

## 2007 PREFERENCE & SKILLS FORM

This form must be completed or your application will be returned, which will cause a delay in processing your application

## PERSONAL INFORMATION

NAME: Mr. Ms. (please circle)	Last Name	First Name	 Initial	
Date of Return to Yukon (if known):				
Address in Yukon :				
Address in Tukon.		D . 10 1		
		Postal Code		
Yukon Health Care Number:				
Phone Number in Yukon:				
Contact Number at School:				
Or leave message with:				
E-Mail Address:				
EDUCATIONAL INFORMATION				
Are you currently attending full time	e under-graduate studies and returning	to these studies in the fall? Yes	No	
Year and High School Graduated Fro	om:			
Institution currently attending: (Current academic year Jan – May)				
Field of Study/Course Specialty:				
	<sup>th</sup> , 5 <sup>th</sup> )			
Institution will be attending in Fall: (Sept – Dec)				
Field of Study/Course Specialty:				
RESIDENCY INFORMATION:				
List where you were residing during the time periods listed two years prior to the commencement of your under-graduate studies for this academic year and if you were in school or not during those periods.				
Did you reside in the Yukon 2 year	rs prior to attending post secondary st	udies? YES NO		
Time Frame City & Pr	rovince or Territory	In School Not In S	School	
Sept. to Dec. 2004	·		_	
Jan. to April 2005			_	
May to Aug. 2005			_	
Sept. to Dec. 2005			_	
Jan. to April 2006			=	
May to Aug. 2006			_	
Sept. to Dec. 2006			_	
Jan to April 2007			_	
POSITION INFORMATION				
Only one application form is required for all Government of Yukon positions. You may tailor a cover letter for each position if you wish. Please indicate (by position number) the positions(s) you are interested in. (Do not include the Private Sector jobs)				

2.\_\_\_\_\_\_ 4.\_\_\_\_\_

## SKILLS/ABILITIES/EXPERIENCE:

In an effort to ensure that you have provided us with all the pertinent information regarding any coursework, skills and abilities that may be relevant to the positions you are applying for, this sheet has been designed to assist you and us in assessing your application. If you have a resume please attach with this form.

VALID YUKON DRIVER'S LICENSE? Yes / No	CLASS
ARE YOU BILINGUAL: (Please state language and if fluent in	reading, comprehension, speaking and writing in that language)
COURSE WORK TAKEN: (List courses taken relevant to the a	rea of employment of interest to you)
COMPUTER SKILLS: (list word processing, database, network	king experience both in work place and in school)
RESEARCH/ANALYSIS/REPORT WRITING: (describe expe	erience both in the work place and in school setting)
LABORATORY/FIELD WORK SKILLS: (describe experience	e both in the work place and in school including equipment used)
OTHER SKILLS, LICENSES, EXPERIENCE, CERTIFICAT Supervisory Skills, etc)	TES appropriate to positions applied on: (i.e. First Aid,
LIST OF EQUIPMENT CAPABLE OF OPERATING:	
DECLARATION: If you cannot sign this form bec successful in winning the position, we will have you for YTG.	
I certify that the information I have provided in this ap this information is found to be untrue, this application	plication is true and complete. I understand that if any of may be rejected.
Signature	Date

This information is being collected under the authority of the Education Act for the purpose of administering the Student Training and Employment Program (STEP) including determining eligibility, sharing information with other government departments as required and establishing related databases. For further information pleases contact or direct inquiries to the Employment Programs Officer at (867) 667-5927 or visit our office in the Education Building, 1000 Lewes Blvd., Whitehorse, Yukon.