

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

## 2008 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. (pleas	se circle)  Last Name	First Name	 
Date of Return to Yukon	(if known):		
Address in Yukon :			
Address III Tukoli .			
		Postal Code	
Yukon Health Care Num	ber:		
Phone Number in Yukon	:		
Contact Number at School	ol:		
Or leave message with:			
E-Mail Address:			
L-Man Address.			
EDUCATIONAL IN	NFORMATION		
Are you currently attending	ng <b>full time under-graduate studies</b> an	d returning to these studies in the fa	.ll? Yes No
Year and High School Gr	aduated From:		
Institution currently attended			
(Current academic year Ja			
Field of Study/Course Spo	ecialty:		
Current Year completed (Including this academic	1 <sup>st</sup> ,2 <sup>nd</sup> ,3 <sup>rd</sup> ,4 <sup>th</sup> ,5 <sup>th</sup> )		
Institution will be attendi (Sept – Dec)	ng in Fall:		
Field of Study/Course Spe	ecialty:		
	DAGA TYON		
RESIDENCY INFO List where you were resid	<b>PRMATION:</b> ling during the time periods listed two years.	ears prior to the commencement of	your under-graduate studies for
	you were in school or not during those p		
Did you reside in the Yu	ikon 2 years prior to attending post se	condary studies? YES	NO
Time Frame	City & Province or Territory	In School	Not In School
Sept. to Dec. 2005			
Jan. to April 2006			
May to Aug. 2006			. <u></u>
Sept. to Dec. 2006			
Jan. to April 2007			
May to Aug. 2007			. <u></u>
Sept. to Dec. 2007			. <u></u>
Jan to April 2008			
POSITION INFOR	MATION		
	n is required for all Government of Yuko		
•	y position number) the positions(s) you a		-
1	2	3 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.