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ADVANCED OFFICE SKILLS
APPLICATION FORM

Please fill out the Application Form below and the attached Release Form.
In addition, we require an up-to-date resume, which lists the names of three references.

Name _____

Address _____

Telephone _____

Referral Self Other (details below)

Name _____

Address _____

Telephone _____ Fax _____

Contact _____

Highest Level of Education Completed _____

Current/Last Employment _____

Source of Income _____

Why do you want this training?

I, _____, agree to be referred to Options Work Activity Program and thereby agree that the _____ Agency can release necessary information to the OPTIONS Program.

Client's Signature: _____

Witness: _____

Date: