

A project in partnership with:



Youth Application

*This form can be completed and faxed back to 403-527-3596 or email at bizinfo@entre-corp.com

Name: _____

Phone Number: _____

Mailing Address: _____

E-mail: _____

Hometown: _____

List your skills i.e. bookkeeping, mechanically inclined etc.

1. Have you completed high school?

Yes

No

If yes have you completed any post secondary?

Yes

No

If yes, how many years?

What program are you enrolled in/completed?

2. What work experience/skills do you have?

Please attach a resume

When is the earliest you would be able to own or manage a business full time?

1 – 3 Years

3 – 5 Years

5 – 10 Years

3. What are the skills and attributes you would like to learn more about or improve on?

Accounting / Bookkeeping

Marketing Skills

Management Experience or theory

Trade Skills (Please Specify)

Other (Please Specify)

4. Would you be interested in attending free business training sessions?

Yes

No

Name up to four topics that you would be interested in:

(1)_____

(2)_____

(3)_____

(4)_____

5. If you are currently in school, please provide your current class schedule, as well as your planned schedule for the spring semester.

6. Describe your willingness to travel and relocated:

7. Do you have access to a vehicle you can use at anytime?

8. Are there any questions you have regarding the program?

Thank you for your application.