



Student Information Form

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Cell No: _____ Home Ph: _____

Email: _____ Birthday: _____

High School Grad Year: _____ ASN #: _____ Residence Status: _____

Current Job:	
Previous Job:	
Highest Education:	

Program of Interest: _____ Schedule: _____

Please briefly state the reason why you are interested in this program: _____

How did you hear about ERP College?

<input type="checkbox"/> Google	<input type="checkbox"/> Facebook/Social Media	<input type="checkbox"/> Signage	<input type="checkbox"/> Billboard	<input type="checkbox"/> Mail
<input type="checkbox"/> Event: _____	<input type="checkbox"/> Recruiter Name: _____			
<input type="checkbox"/> Friend: _____	Phone No: _____			

**Employability Assessment
Essential Skills**

Reading

- ☐ Strong
☐ Needs Improvement
☐ Unsatisfactory
☐ Unknown

Thinking Skills

- ☐ Strong
☐ Needs Improvement
☐ Unsatisfactory
☐ Unknown

Numeracy

- ☐ Strong
☐ Needs Improvement
☐ Unsatisfactory
☐ Unknown

Oral Communication

- ☐ Strong
☐ Needs Improvement
☐ Unsatisfactory
☐ Unknown

Personal Presentation Skills

- ☐ Strong
☐ Needs Improvement
☐ Unsatisfactory
☐ Unknown

Comments: _____

Admission Counselor Name: _____

Signature: _____

Date: _____