

## Career Ready Fund's Auto Stream Student/Apprentice Application and Attestation Form

### 1. Participant Information

#### Contact Information:

Name:	
Telephone:	
Email:	
Address:	

#### School/Program Information: (if applicable)

Type:	___ Co-op ___ Apprenticeship ___ Work Placement Program	
Institution:		
Program:		
Year:	Are you a recent graduate within the last 18 months? Yes ___ No ___	

### 2. Work Placement Information

#### Company Information

Name:	
Address:	
Telephone:	
Contact Person:	

#### Placement Information

Nature of Work: (Briefly describe the nature of the placement)	
Length of placement: MM/DD/YY to MM/DD/YY	__ / __ / __ to __ / __ / __
Credits to be Earned: (Leave blank if apprentice program)	
Are you a current employee?	Yes ___ No ___
Is placement full time?	Yes ___ No ___

### 3. Attestation

I, the undersigned, do attest and confirm the following:

- a) I am registered in the above postsecondary institution in the above-mentioned program, and have attached confirmation of same hereto or I am graduated from the above postsecondary institution and have attached confirmation of same hereto
- b) I have entered into an agreement with the above Company for the above-mentioned work placement and for the above-mentioned term and have attached a copy of same hereto or will provide same shortly thereafter.
- c) I have never worked for the above-mentioned company in the past, and or I have worked for the above-mentioned Company in the past and I am applying for the Career Ready Fund's Auto Stream Program in the capacity as permitted by the terms and conditions of the Program, the APMA and the Ministry of Training, Colleges and Universities, Government of Ontario.
- d) I will save and hold harmless, the APMA and the Ministry of Training, Colleges and Universities, Government of Ontario for any claims, damages, causes of action, any loss, costs or damages arising out of any provision of this form or any actions of the parties with respect to my participation in the Career Ready Fund's Auto Stream Program.

Dated at \_\_\_\_\_, on \_\_\_\_\_, 20\_\_

Automotive Parts Manufacturers'  
Association

Student/Apprentice

\_\_\_\_\_  
Name

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Signature