



MIZIWE BIIK
ABORIGINAL EMPLOYMENT AND TRAINING SERVICES

FOR OFFICE USE ONLY

Projects: C ☐ E ☐

RD ☐ MB ☐ LS ☐ ☐

CLIENT REGISTRATION FORM

PERSONAL DATA

Last Name	First Name	Date of Birth (dd/mm/yy)		Gender:	
			/		<input type="checkbox"/> M <input type="checkbox"/> F
Address (Number & Street)		Apt. No.	City	Province	Postal Code
Telephone Number		Message Number		Social Insurance Number	
Email Address:					
Are you in receipt of Employment Insurance <input type="checkbox"/> Canadian Pension Plan <input type="checkbox"/> Social Assistance <input type="checkbox"/> No Income <input type="checkbox"/> Other (please list) <input type="checkbox"/> _____					
Social Assistance Office _____ OW Caseworker Name / Number: _____					
For Employment Insurance, who is your Employment Advisor? _____					
Have you collected Employment Insurance in the past three years? Yes No					
Have you collected Maternity or Parental Benefits in the Past five years? Yes No					
How long have you been unemployed? Months _____ or Years _____					
How long ago was it when you accessed a training program? Months _____ or Years _____					
Please list the type of training you have taken _____					
Are you a Post-Secondary student: Yes <input type="checkbox"/> No <input type="checkbox"/> Year Graduated HS: _____ OSSD <input type="checkbox"/> GED <input type="checkbox"/>					
Have you ever been convicted of a criminal offence for which a pardon has not been granted: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Housing: Rent: <input type="checkbox"/> Home Owner: <input type="checkbox"/> Transitional Housing: <input type="checkbox"/> Agency: _____ Shelter: <input type="checkbox"/> Agency: _____					

CHARACTERISTICS

Language Spoken		Language Written	
English <input type="radio"/>	French <input type="radio"/>	English <input type="radio"/>	French <input type="radio"/>
Other <input type="radio"/> _____			
Do you consider yourself			
Status On-reserve <input type="radio"/>	Status Off-reserve <input type="radio"/>	Non-status <input type="radio"/>	
Inuit <input type="radio"/>	Metis <input type="radio"/>		
Status Card Registry Number (10 digits): _____			
First Nations Band _____		Province _____	
Referred By			
Source _____		Contact Person _____	Telephone _____

Marital Status Single <input type="radio"/> Married or equivalent <input type="radio"/>	Number of Dependents _____
<p>A person with a disability is one who, because of a long term or recurring physical or mental condition experiences difficulties in carrying out the activities of daily living.</p> <p>Do you require any accommodation in the workplace resulting from a disability as defined above Yes <input type="radio"/> No <input type="radio"/></p> <p>If yes, please describe requirement: _____</p> <p>Service Provided By _____ Telephone Number _____</p>	
Transportation Driver's License Type _____ Access to Transportation <input type="radio"/> Willing to Relocate <input type="radio"/>	

EDUCATION

High School Grade or Equivalency Completed: _____	
College: Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/>	Discipline _____
Diploma: Yes <input type="radio"/> No <input type="radio"/> Year Attained _____ Province of College _____	
University: Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> Year Four <input type="radio"/>	Discipline _____
Degree: Yes <input type="radio"/> No <input type="radio"/> Year Attained _____ Province of College _____	
Other Training Programs, Courses, Certificates, or License/Trade Certificates Achieved:	

CLIENT REGISTRATION FORM

EMPLOYMENT SOUGHT

Work Preference 1	Years Experience
Work Preference 2	Years Experience

EMPLOYMENT HISTORY

Current or Last Employer Employer or Company Name	From	To
Job Title	<input type="radio"/> Part-time	<input type="radio"/> Full-time
First Previous Employer Employer or Company Name	From	To
Job Title	<input type="radio"/> Part-time	<input type="radio"/> Full-time
Second Previous Employer Employer or Company Name	From	To
Job Title	<input type="radio"/> Part-time	<input type="radio"/> Full-time

I verify that the information is complete and correct, and I understand it may be subject to verification. Information on the client registration form is collected for the purpose of providing employment assistance. This information, when provided to Canada, is protected under Canada's Privacy Act and you have the right under the Privacy Act to obtain access to that information from Canada. I hereby authorize the release of any information contained in my application form.

By checking this box you are confirming your information and digital signature is correct.

Client Signature

Date