



**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:			
																						— M — F							
Address ( Number & Street )										Apt. No.					City					Province					Postal Code				
Telephone Number										Message Number										Social Insurance Number									
<b>Email Address:</b>																													
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: Own    Market Rent    Affordable Rent    Living with Parents    Couch Surfing    Transitional Housing    Shelter    Homeless																													

**CHARACTERISTICS**

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

**Marital Status**Single ☐ Married or equivalent ☐

Number of Dependents \_\_\_\_\_

**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.**

Do you require any accommodation in the workplace resulting from a disability as defined above

Yes ☐ No ☐

If yes, please describe requirement: \_\_\_\_\_

Service Provided By \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Transportation**

Driver's License Type \_\_\_\_\_

Access to Transportation ☐Willing to Relocate ☐

## EDUCATION

**High School Grade or Equivalency Completed:** \_\_\_\_\_**College:**Year One ☐ Year Two ☐ Year Three ☐**Discipline** \_\_\_\_\_**Diploma:**Yes ☐ No ☐

Year Attained \_\_\_\_\_ Province of College \_\_\_\_\_

**University:**Year One ☐ Year Two ☐ Year Three ☐ Year Four ☐**Discipline** \_\_\_\_\_**Degree:**Yes ☐ No ☐

Year Attained \_\_\_\_\_ Province of College \_\_\_\_\_

**Other Training Programs, Courses, Certificates, or License/Trade Certificates Achieved:**

# CLIENT REGISTRATION FORM

## EMPLOYMENT SOUGHT

<b>Work Preference 1</b>	Years Experience
<b>Work Preference 2</b>	Years Experience

## EMPLOYMENT HISTORY

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