

Please Read Carefully and Answer All Questions

1. Are you currently employed? Yes No

If yes, where? _____

How many hours per week? _____

2. Are you legally entitled to work in Canada? Yes No

3. Are you eligible for Employment Insurance (EI)? Yes No

3(a) Are you currently receiving Employment Insurance (EI)? Yes No

3(b) Do you have or have you had an EI claim in the last 3 years or a maternity / parental claim in the last 5 years? Yes No

4. Do you have other income support?

Income Assistance? Regular PPMB PWD

Disability Pension? WCB Canada Pension

Other If other, please explain? _____

5. Education

High School:	Grade Completed:	Certificates / Accomplishments
College / University:	Years Attended:	Certificate/Diploma/Degree
Trade / Technology School:	Years Attended:	Certificate/Diploma/Degree
Other Education	Years Attended:	Certificate[s]

6. Work Experience:

Employer	<p style="text-align: center;">Month / Year</p> <p>From _____/_____</p> <p>To _____/_____</p>	Position / Duties:
Employer	<p>From _____/_____</p> <p>To _____/_____</p>	Position / Duties:
Employer	<p>From _____/_____</p> <p>To _____/_____</p>	Position / Duties:

7. Any Volunteer Placements or Community Contributions:

8. What challenges or barriers have you experienced in finding or keeping employment?

- | | | |
|---|--|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Alcohol / Drugs | <input type="checkbox"/> Racism/Discrimination |
| <input type="checkbox"/> Work Experience | <input type="checkbox"/> Transportation | <input type="checkbox"/> Age |
| <input type="checkbox"/> Training | <input type="checkbox"/> Family Situation | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Health | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Work gear/clothing | <input type="checkbox"/> Trauma / Violence / Abuse | <input type="checkbox"/> Other _____ |

9. Why do you want to participate in a program?

10. How did you hear about us? _____

Office Use Only	
Completed ERS Date: _____	ERS Feedback Provided: _____
Interview Scheduled Date: _____	Accepted <input type="checkbox"/>
Referred To _____	Staff Signature: _____

I understand that full classroom participation and community-based work experience are integral to the program and weekly participation in Job Club is mandatory to work towards my employment goal.

I agree to participate to the best of my ability _____
Initial

Collection and Use of Information: Information is collected pursuant to Section 26c of the *Freedom of Information and Protection of Privacy Act*. The information provided will be used for the assessment of eligibility and/or administration of acceptance for any programs delivered by INEO Employment Services.

My Signature below means:

- I have answered all the questions on pages 1, 2, 3 & 4 and the information provided is complete and accurate.
- I understand the information collected will or may be used by the staff or agents of INEO Employment Services during my participation.

Signature

Date