



TEWATOHNHI'SAKTHA

Employment & Training Client Registration Form

SECTION A: PERSONAL INFORMATION

First Name:		Last Name:	
Kanien'kéha Name:		Middle Name:	
Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: Day _____ Month _____ Year _____	
Full Address:			
Social Insurance Number: _____ - _____ - _____		10-Digit Band Number:	
Phone Number (Home):		Email Address:	
Phone Number (Cell):		Mother's Full Name:	
Phone Number (Work):		Father's Full Name:	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>			
Spouse's Full Name:		Is your spouse employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Spouse's Employer:		Number of hours per week employed:	
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you own your own transportation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of License: <input type="checkbox"/> Class 1 (All heavy vehicles)		<input type="checkbox"/> Class 2 (Bus with more than 24 passengers)	
<input type="checkbox"/> Class 3 (Truck over 4500 kg with 2 axels or any truck with 3 or more axels)		<input type="checkbox"/> Class 4A (Emergency vehicles)	
<input type="checkbox"/> Class 4B (Bus or minibus with 24 passengers or less)		<input type="checkbox"/> Class 4C (Taxi)	
<input type="checkbox"/> Class 5 (Vehicle under 4500 kg with 2 axels – Standard license)		<input type="checkbox"/> Learner's Permit	
Languages: Check and rate your abilities on a scale of 1-5 (1 = poor; 5 = fluent)			
Language(s) Spoken: <input type="checkbox"/> Kanien'kéha _____		<input type="checkbox"/> English _____	
		<input type="checkbox"/> French _____	
Language(s) Written: <input type="checkbox"/> Kanien'kéha _____		<input type="checkbox"/> English _____	
		<input type="checkbox"/> French _____	
Language(s) Read: <input type="checkbox"/> Kanien'kéha _____		<input type="checkbox"/> English _____	
		<input type="checkbox"/> French _____	

SECTION B: INCOME

Are you currently employed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Employer:				
Supervisor's Name:		Supervisor's Number:				
May we contact your employer to verify? Yes <input type="checkbox"/> No <input type="checkbox"/> Reason: _____						
Indicate number of hours employed each day:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Do you plan on reducing your number of hours working if approved for funding? No <input type="checkbox"/> Yes <input type="checkbox"/> # of hours _____						
Other sources of income: <input type="checkbox"/> Social Assistance <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Post-Secondary Funding						
<input type="checkbox"/> Other: _____ <input type="checkbox"/> No source of income						
Have you collected Employment Insurance (EI) within the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>						

SECTION C: EMPLOYMENT HISTORY

Name of Employer	Occupation/Job Title	Dates of Employment
		_____ to _____
		_____ to _____
		_____ to _____

SECTION D: ACADEMIC HISTORY

High School Attended	Level/Grade Completed	Diploma Received?	Last Year Attended
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	



Post-Secondary Schooling	Program/Concentration	Diploma Received?	Last Year Attended
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational Schooling	Program	Diploma Received?	Last Year Attended
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

List any other additional training or certification:

What subjects did you excel at in school?

What subjects did you have difficulty with?

Do you identify with any sort of disability (physical, mental, learning)? No Yes Explain: _____

SECTION E: DEPENDENTS

List any biological/legally adopted children under 18 years of age whom you financially support.

Dependent's Full Name	Date of Birth	Current Age	Relationship to You
	D ____ M ____ Y ____		
	D ____ M ____ Y ____		
	D ____ M ____ Y ____		
	D ____ M ____ Y ____		
	D ____ M ____ Y ____		

SECTION F: WHAT BRINGS YOU TO TEWATOHNNHI'SAKTHA?

<input type="checkbox"/> Seeking help and advice (resume writing, program information, cover letter writing, etc.)	<input type="checkbox"/> Wish to attend an academic program
<input type="checkbox"/> Was referred by another organization: _____	<input type="checkbox"/> Wish to attend a vocation program
<input type="checkbox"/> Looking for employment and help with job searching	<input type="checkbox"/> Other: _____
Name of School I wish to attend: _____	Name of Program I wish to attend: _____

SECTION G: DECLARATION

I hereby agree that any and all information provided herein to Tewatohnnhi'saktha can be shared and discussed with the MCK Social Development Program, the Membership Department, the Kahnawake Education Center, the First Nations Human Resource Development Commission of Quebec, the Human Resource Development Commission, Emploi Quebec, or any school I wish to attend, for the purpose of verification of information; determining program/funding eligibility, to aid in statistical analysis and program design. I hereby declare that all the information provided to Tewatohnnhi'saktha is accurate and true to the best of my knowledge. I am aware that providing false information may result in the suspension or loss of financial assistance, benefits, and/or service from Tewatohnnhi'saktha.

_____ **Client Initials**

Client Signature:	Date:
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SECTION H: FOR OFFICE USE ONLY

Entered into NEMS on: D ____ M ____ Y ____	Employment Counsellor:
ERS Username:	ERS Password:
Career Cruising Username:	Career Cruising Password:

Notes:

Counsellor Signature:	Date:
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