

TEWATOHNHI'SAKTHA Employment & Training Client Registration Form

SECTION A: PERSONAL INFORMATION									
First Name:				Last Name:					
Kanien'kéha Name:				Middle Name:					
Age:	Sex: Male	Sex: Male □ Female □			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 □ Married □ Common Law □ Divorced □ Separated □									
Spouse's Full Name:				Is your spouse employed: Yes □ No □					
Name of Spouse's Employer:				Number of hours per week employed:					
Do you have a valid Driver's License? Yes ☐ No ☐				Do you	own yo	ur own tra	nsportation:	Yes 🗆	No □
Type of License: ☐ Class 1 (All heavy vehicles) ☐ Class 3 (Truck over 4500 kg with 2 axels or any truck with 3 or more axels) ☐ Class 4B (Bus or minibus with 24 passengers or less) ☐ Class 5 (Vehicle under 4500 kg with 2 axels – Standard license)				☐ Class 2 (Bus with more than 24 passengers) ☐ Class 4A (Emergency vehicles) ☐ Class 4C (Taxi) ☐ Learner's Permit					
Languages: Check and rate your abilities on a scale of Language(s) Spoken: ☐ Kanien'kéha ☐ English ☐ E Language(s) Written: ☐ Kanien'kéha ☐ English ☐ E Language(s) Read: ☐ Kanien'kéha ☐ English ☐ E					☐ Fren☐ Fren☐ Fren☐	ch ch	ient)		
SECTION B: INCOME									
Are you currently employed: Yes □ No□				Name of Employer:					
Supervisor's Name:				Supervisor's Number:					
May we contact your employer to verify? Yes □ No □ Reason:									
Indicate number of hours employed each day:									
Sunday	Monday	Tuesday	Wedn	esday	Thu	rsday	Friday	Satı	urday
Do you plan on reducing your number of hours working if approved for funding? No \(\Bar{\Quad} \) Yes \(\Bar{\Quad} \) # of hours									
Other sources of income: Social Assistance Employment Insurance Post-Secondary Funding Other: No source of income									

Have you collected Employment Insurance (EI) within the last 3 years? Yes \square No \square							
SECTION C: EMPLOYMENT HISTORY							
Name of Employer	0	ccupatio	on/Job Title	Dates of Employment			
				to			
				to			
				to			
SECTION D: ACADEMIC HISTORY							
High School Attended	Level/Grade Completed			Diplo Receiv		Last Year Attended	
				Yes □	No□	1	
				Yes □	No□	1	
Post-Secondary Schooling	Program/Concentration			Diplo Receiv	Last Year Attended		
				Yes □	No□	1	
				Yes □	No□	1	
Vocational Schooling	Program			Diploma Received?		Last Year Attended	
				Yes □	No□	1	
				Yes □	No□	1	
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/ <u>legally</u> adopted children under 18 years of age whom you <u>financially support</u> .							
Dependent's Full Name		Date of Birth		Current A	ıge	Relationship to You	
		D	_ MY				
		D	_ MY				
		D	_ MY				
		D M Y					
	D	_ MY					
SECTION F: WHAT BRINGS YOU TO TEWATOHNHI'SAKTHA?							
☐ Seeking help and advice (resume writing information, cover letter writing, etc.)	☐ Wish to attend an academic program						

☐ Was referred by another organization:	☐ Wish to attend a vocation program				
☐ Looking for employment and help with job searching	☐ 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 Tewatohnhi'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 Tewatohnhi'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 Tewatohnhi'saktha. Client Initials					
Client Signature:	Date:				
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:				

Updated June 2014