



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 No

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 TEWATOHNHI'SAKTHA?

Seeking help and advice (resume writing, program information, cover letter writing, etc.)

Wish to attend an **academic** program

