

For Office Use Only – Name of Assigned Employment & Training Counselor: \_\_\_\_\_



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 ____	
Social Insurance Number: ____ - ____ - ____		10-Digit Band Number: _____	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/>			
Current Address: P.O. Box No., Street, Apt.		City/Town	Province
Postal Code			
Phone Number (Home):		Spouse's Full Name:	
Phone Number (Cell):		Mother's Full Name:	
Email Address:		Father's Full Name:	
Preferred Method of Contact: Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Facebook <input type="checkbox"/>			
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 (Expected date of license: _____)	
<i>Languages: Please rate your abilities on a scale of 1-5 (1 = poor; 5 = fluent)</i>			
Languages Spoken:	Kanien'kéha ____	English ____	French ____
Languages Written:	Kanien'kéha ____	English ____	French ____
Languages Read:	Kanien'kéha ____	English ____	French ____

**SECTION B: INCOME**

Are you currently employed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Employer:	
Number of hours per week employed:		Occupation/Job Title:	
Do you plan on reducing your number of hours working if approved for funding? No <input type="checkbox"/> Yes <input type="checkbox"/> # of hours ____			
Have you collected Employment Insurance (EI) within the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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			
Is your spouse employed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Spouse's Employer:	
Number of hours per week employed:		Occupation/Job Title:	
Spouse's 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			

**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:

Do you identify with any sort of disability (physical, emotional, 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?

Wish to attend an **academic upgrading** program

Wish to attend a **vocational** program

Name of School I wish to attend: \_\_\_\_\_

Name of Program I wish to attend: \_\_\_\_\_

Looking for employment and help with job searching

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

Was referred by another organization: \_\_\_\_\_

Other: \_\_\_\_\_

### SECTION G: DECLARATION

*I hereby agree that any and all information provided herein to Tewatohnni'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 Tewatohnni'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 Tewatohnni'saktha.*

\_\_\_\_\_ **Client Initials**

Client Signature:

Date:

### SECTION H: TO BE COMPLETED WITH YOUR EMPLOYMENT COUNSELOR

#### EMPLOYMENT STRENGTHS

<input type="checkbox"/> Work/volunteer experience	<input type="checkbox"/> Strong job search skills	<input type="checkbox"/> Strong resume
<input type="checkbox"/> Good communication skills	<input type="checkbox"/> Positive attitude	<input type="checkbox"/> Punctual and reliable
<input type="checkbox"/> Good attendance	<input type="checkbox"/> Driver's license	<input type="checkbox"/> Own transportation
<input type="checkbox"/> Good health/physical strength	<input type="checkbox"/> Professional clothing	<input type="checkbox"/> Stable living situation
<input type="checkbox"/> Support of family/friends	<input type="checkbox"/> Good computer skills	<input type="checkbox"/> Strong educational background
<input type="checkbox"/> Strong French skills	<input type="checkbox"/> Strong Kanien'kéha skills	<input type="checkbox"/>

#### BARRIERS TO EMPLOYMENT

<input type="checkbox"/> None (1)	<input type="checkbox"/> Lack of labour force attachment (2)
<input type="checkbox"/> Lack of work experience (3)	<input type="checkbox"/> Lack of transportation (4)
<input type="checkbox"/> Remoteness (5)	<input type="checkbox"/> Language (6)
<input type="checkbox"/> Lack of education (7)	<input type="checkbox"/> Economic (8)
<input type="checkbox"/> Dependent care (9)	<input type="checkbox"/> Lack of marketable skills (10)
<input type="checkbox"/> Physical, emotional, or mental health (11)	<input type="checkbox"/> Other barrier(s) not listed above (12)

Notes:

Verified:  ALMASS  Vendor  Band No.  SA  KEC  ERS: \_\_\_\_\_

Counselor Signature:

Date: