

**Employment and Training
Client Registration Form**



**14 C Joseph Swan Road
Kanesatake, QC, J0N 1E0**

SECTION A: PERSONAL INFORMATION

First Name:		Last Name:	
Kanien'kéha Name:		Middle Name:	
Sex: Male	Female	Date of Birth: (yyyy/mm/dd)	
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 Widowed			
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 No		Do you own your own transportation? Yes No	

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 (Buss 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:	Kanien'kéha	English	French
Language(s) Written:	Kanien'kéha	English	French
Language(s) Read:	Kanien'kéha	English	French

Language of desired correspondence: English or French

SECTION B: INCOME

Are you currently employed? Yes No	Name of Employer:
Employer's Address:	Employer's Number: - -

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 Yes # of Hrs _____

Other sources of income:	Social Assistance	Employment	Post-Secondary Funding
Insurance	Other	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 (yyyy-mm-dd)	
			to
			to
			to

SECTION D: ACADEMIC HISTORY

High School Attended	Level/Grade Completed	Diploma Granted?		Last Year Attended
		Yes	No	
		Yes	No	
Post-Secondary Schooling	Program/Concentration	Diploma /Certificate Granted?		Last Year Attended
		Yes	No	
		Yes	No	
Vocational Schooling	Program	Diploma/Attestation Granted?		Last Year Attended
		Yes	No	
		Yes	No	

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)? Yes No

Explain:

SECTION E: DEPENDENTS

List dependents living with you under the age of 18 whom you **financially support**.

Dependant's Full Name:	Date of Birth: (yyyy-mm-dd)	Current age:	Relationship to you:

SECTION F: ADDITIONAL INFORMATION

Do you have a criminal record, or have you ever been convicted of a criminal offence for which you have been granted a pardon and such pardon has been revoked? Yes No

SECTION G: WHAT SERVICES ARE YOU REQUESTING OF KHRO

<input type="checkbox"/> Seeking help and advice for resume writing, cover letter writing, program information, 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 vocational 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: _____
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SECTION H: DOCUMENTS REQUIRED

Copies of the following documents

- Band card
- Birth certificate
- Social Insurance Number(SIN)
- School transcript (Most recent)
- Cheque specimen for direct deposit
- Proof of residency
- Drivers license (If applicable)
- Proof of Other Income

SECTION I: DECLARATION

I hereby agree that any and all information provided herein to the **Kanesatake Human Resources Office** can be shared and discussed with the MCK Social Development Program, the Membership Department, the Kaneshatake Education Centre, the First Nations Human Resource Development Commission of 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 the **Kanesatake Human Resources Office** 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 the **Kanesatake Human Resources Office**.

_____ Client Initials

Client Signature:

Date:

SECTION J: FOR KHRO OFFICE USE ONLY

Entered into ALMASS on:

KHRO Representative:

Has client previously accessed KHRO/URBAN funding? Yes No

If Yes, what year? _____

What measure? _____

Career Cruising Yes No Date:

Notes:

Employability/Training Measure

Vocational Training: B1

General Academic Upgrading B2

Youth Initiative

Job Creation: C 1

Assistance for Self-Employment C2

Other

Start of Measure:

Fall

Winter

Spring

Summer

_____ KHRO Representative Signature

_____ Date

***Note: Incomplete forms will not be accepted**



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Notes for filling out this file

1. Click on any form and start typing to enter your information
2. Date fields have a calendar you can use to choose the date. Click on the down arrow that appears when you select the field
3. You may ignore the signature fields to sign them at K.H.R.O offices
4. If you do not know how to fill out a specific field the Employee Counsellor at K.H.R.O will help you complete the form during your appointment with them
5. There is a Print button at the top of this form. Click on it to open the print dialog box to print the document
6. There is a Clear Form button at the top of this form. Click on it to remove ALL the Information you filled in

Options for submitting this file before your appointment

You have multiple options to make your appointment go quicker by filling out this form before your appointment with your employment counsellor, they are as follows:

1. Fill out this form as completely as you can, save the file and email it to khro@kanesatake.ca using the form title as the subject so the employment counsellor has access to the forms you filled out before your appointment.
2. Fill out this form as completely as you can and print this document and bring it in when you come in for your appointment
3. If you are familiar with Adobe PDF files and Digital signature you may digitally sign your document and email it to khro@kanesatake.ca

If you require additional help with Adobe PDF or would like to learn more, you can click on the following link.

<https://helpx.adobe.com/ca/acrobat/using/filling-pdf-forms.html>