

**Employment and Training
C1 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 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 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 _____ French _____

SECTION B: ACADEMIC HISTORY

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

SECTION C: INCOME

Are you currently employed? Yes No		Name of Employer:	
Employer's Address:		Employer's Number: - -	
Full time (30hrs or more)		Part-time (less than 30 hrs)	
Self-employed Yes		No	
Other sources of income:	Employment Insurance		Former Employer's Pension
	Quebec Pension Plan		Canada Pension Plan
	Société de l'Assurance Automobile du Québec (SAAQ)		
Commission des normes, de l'équité, de la santé et de la sécurité du travail(CNESST)			
Kanesatake Social Assistance		Veteran's Pension/Allowance	

Employment and Training C1 Client Registration Form

SECTION D: EMPLOYABILITY				
Are you available for work? Yes No If Yes, please specify:				
Full time Part time		Day shift Evening shift		Night shift
Employment Title:				
For this employment I have:		Experience	Training	Desired Salary: _____
List any other additional training or certification:				
Do you identify with any sort of disability (physical, mental, learning)? Yes No				
Explain:				
Please indicate which areas you are ready to work				
Kanesatake		Surrounding area of Kanesatake, (Deux-Montagnes, St-Eustache, etc.)		
Laval		Montreal		Other, please specify:
Have you recently taken steps to look for employment?			Yes	No
If yes, please specify:				
SECTION E: EMPLOYMENT HISTORY				
Name of Employer		Occupation/Job Title		Dates of Employment (yyyy-mm-dd)
				to
				to
				to
Reasons you are no longer employed:				
End of contract/Work shortage		Change of employment		Maternity leave
Health issues		Company closure		Voluntary leave
Dismissal		Other <i>please specify</i> :		
SECTION F: DOCUMENTS REQUIRED				
Copies of the following documents				
<ul style="list-style-type: none"> • 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 G: ADDITIONAL INFORMATION				
<i>In order to allow KHRO to meet your particular needs in assisting you please answer the following : 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</i>				
SECTION H: WHAT SERVICES ARE YOU REQUESTING OF KHRO				
<input type="checkbox"/> Looking for employment and help with job searching.		<input type="checkbox"/> Wish to attend an academic program.		
<input type="checkbox"/> Seeking help and advice for resume writing, cover letter writing, program information, etc.		<input type="checkbox"/> Wish to attend a vocational program.		
<input type="checkbox"/> Was referred by another organization.		Name of program I wish to attend:		
Name of School I wish to attend:		<input type="checkbox"/> Other:		

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

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SECTION I: DECLARATION

PROTECTED WHEN COMPLETED

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 Kanehsatake 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:

Employment and Training C1 Client Registration Form

SECTION J: FOR KHRO OFFICE USE ONLY

Entered into ALMASS on: _____	KHRO Representative: _____
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Has client previously accessed KHRO/URBAN funding? Yes No	
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If Yes, what year? _____	What measure? _____
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Career Cruising	Yes	No	Date: _____
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Notes:

Employability/Training Measure

<input type="checkbox"/> Vocational Training: B1	<input type="checkbox"/> General Academic Upgrading B2
<input type="checkbox"/> On the Job Training: B3	<input type="checkbox"/> Job Creation: C 1
<input type="checkbox"/> Assistance for Self-Employment C2	<input type="checkbox"/> Youth Initiative

Start of Measure

<input type="checkbox"/> Fall	<input type="checkbox"/> Winter
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer

KHRO Representative Signature

Date



14-C Joseph Swan Road
Kanesatake, Qc, J0N 1E0

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>