

**Employment and Training
Client Registration Form
C2 Self-Employment**



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

SECTION A: PERSONAL INFORMATION						
First Name:			Last Name:			
Kanien'kéha Name:			Middle Name:			
Gender: 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: <input type="checkbox"/> English or <input type="checkbox"/> 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 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 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**.

Dependent'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: SELF-EMPLOYMENT OPTION

What attracted you about being self-employed? Check the three (3) most important aspects in order of priority.

Being my own boss	Running a family business
Independence	Attractive earnings
Working from home	The possibility of looking after my family while at work
Working in an area that appeals to me	Meeting a need in my community
Flexible working hours	The capacity to free myself from S.A. and E.I.

Other: (explain reason(s))

What assistance do you need in setting up your business or becoming a self-employed worker?
(Check off the relevant elements)

Training on how to set up a business	Assistance in finding the necessary funds to defray start-up costs
Training on how to manage a business	Assistance in making business contact
Training in accounting/bookkeeping	Assistance in making a business plan
Training on how to acquire a specific skill	Individual sessions in entrepreneurship counselling
Other reason(s) Explain:	Explain:

SECTION H: BUSINESS INFORMATION

If you have an idea for your business, develop it here:

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Indicate the steps you have taken to become a self-employed worker.

Do you have the skills and/or experience needed to implement your business project? Yes No
Explain:

Make a list of the business development training workshops you've attended or entrepreneurship counselling sessions that you have attended. Provide a short description after each heading, as needed.

Do you have any concerns or worries about setting up your business?

Additional comments regarding the establishment of your business?



SECTION I: PERSONAL ASSESSMENT

Annual Income: Gross (\$):	Source of Income:
Employment:	Employment Insurance: Social Assistance:

PERSONAL ASSETS <i>What you own</i>		
Item	Description	Value (\$)
Vehicles (<i>including ATV's, tractors etc.</i>)		
Boat		
House		
Cottage		
Land		
Other (<i>please specify</i>):		

PERSONAL LIABILITIES (<i>What you owe</i>)		
Item	Description	Value (\$)
Personal loan		
Mortgage or Rent		
Special loan		
Credit card		
Credit card		
Credit card		
Other (<i>please specify</i>):		

I hereby certify that the information provided above is, to the best of my knowledge, true and exact.

Client initial _____

SECTION J: DOCUMENTS NEEDED

Please supply the following documents:

Copies of the following documents

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



SECTION K: 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 Kanesatake 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 K: FOR KHRO OFFICE USE ONLY

Entered into ALMASS on: _____	KHRO Representative: _____
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Has client previously accessed KHRO/URBAN funding? Yes No

If Yes, what year? _____	What measure? _____
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Career Cruising: Yes No Date: _____

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

***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>