

Fields marked with an asterisk (*) are mandatory.

Staff is available to help you complete this form.

Employment Ontario Programs *

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Employment Service (ES) | <input type="checkbox"/> Literacy and Basic Skills (LBS) | <input type="checkbox"/> Youth Job Link (YJL) |
| <input type="checkbox"/> Youth Job Connection (YJC)/Youth Job Connection: Summer (YJCS) | | |

Service Provider Use Only

Case Reference	Person Reference	Date of Registration (DD/MM/YYYY)
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Participant Details

Last Name *	First Name *	Middle Initial
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Preferred Name

Social Insurance Number *

I identify as: * (Select only one)

- | | | | |
|---|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Trans | <input type="checkbox"/> Other (specify) ► _____ |
| <input type="checkbox"/> Prefer not to disclose | | | |

Date of Birth (DD/MM/YYYY) *	Date Arrived in Canada (if born outside Canada) (DD/MM/YYYY)	Place of Birth (Country)
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Status in Canada *

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Other (specify) ► _____ | Preferred Language * |
| | | | <input type="checkbox"/> English <input type="checkbox"/> French |

Preferred Communication

- | | | | |
|--------------------------------|--------------------------------|------------------------------------|---|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Email | <input type="checkbox"/> Hard Copy | Marital Status * |
| | | | <input type="checkbox"/> Single <input type="checkbox"/> Married (or equivalent) <input type="checkbox"/> Undisclosed |

Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility. This information will be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to employment programs and services. (You may select more than one (1) option:)

- | | | |
|---|---|--|
| <input type="checkbox"/> Newcomer | <input type="checkbox"/> Person with Disability | <input type="checkbox"/> First Nations |
| <input type="checkbox"/> Visible Minority | <input type="checkbox"/> Inuit | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Francophone | | |

Participant Address and Contact Information
Primary Mailing Address

Unit Number	Street Number *	Street Name *	PO Box
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City/Town *	Province *	Postal Code *
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Alternate Mailing Address
 Address same as above

Unit Number	Street Number*	Street Name*	PO Box
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City/Town*	Province*	Postal Code*
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Primary Phone Number

- | | | |
|-------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Mobile | <input type="checkbox"/> Other |
|-------------------------------|---------------------------------|--------------------------------|

Telephone Number

ext.

Alternate Phone Number

- | | | |
|-------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Mobile | <input type="checkbox"/> Other |
|-------------------------------|---------------------------------|--------------------------------|

Telephone Number

ext.

Email Address

Education

Indicate your Highest Level of Education/Qualification:

- | | | |
|---|--|--|
| <input type="checkbox"/> Grade 0 - 8 | <input type="checkbox"/> OAC | <input type="checkbox"/> Applied Degree |
| <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Certificate of Apprenticeship | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Journeyperson | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Certificate/Diploma | <input type="checkbox"/> Post Graduate |
| <input type="checkbox"/> Grade 12 (or equivalent) | | |

Institution of Highest Level of Education

Program Description

Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Type <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Country of Institution
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Additional Education

-
- Some Apprenticeship
-
- Some College
-
- Some University

Institution of Additional Education

Program Description

Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Type <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Country of Institution
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Employment

List your work experience, including volunteer work. Start with the most recent job/volunteer activity.

Work Experience 1

Employment Type

-
- Paid
-
- Self Employed
-
- Unpaid
-
- Volunteer

Name of Employer

Job Title/Duties

Employment Start Date (DD/MM/YYYY)	Employment End Date (DD/MM/YYYY)	Country of Employment
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Pay Period * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Month <input type="checkbox"/> Year	Wage Amount (\$) *	Employment Hours Per Week *
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Reason for Leaving

Service Provider Use Only

NOC *	NAICS *
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Additional information

How did you hear about this program?

What are your short-term employment/career goals?

What are your long-term employment/career goals?

What types of work are you interested in doing?

Identify any necessary adjustments or accommodations at a job location.
E.g. access and/or equipment needs that may be required due to a health issue or disability.

Have you applied for Employment Insurance Benefits in the past 52 weeks?

 Yes No Unsure

▶ If "Yes", where? _____

Client Summary (Service Provider Use Only)Internationally Trained Professional? Yes No

Labour force attachment

 Employed Full-Time Employed Part-Time Unemployed Under-employed Self-employed
 Full-time Student Part-time Student

Credentials not recognized in Ontario

 Regulated trade certificate College diploma Regulated professional
 University degree High school diploma N/A
History of poor work retention? Yes NoJob search skills: Unknown Needs development Satisfactory StrengthEmployment skills: Unknown Needs development Satisfactory StrengthLanguage skills: Unknown Needs development Satisfactory StrengthRecent job loss due to labour market change? Yes NoEmployment Experience No work experience Worked in Canada Worked, but not in Canada

Source of Income

 Employment Insurance (EI) Ontario Works (OW) Crown Ward Extended Care and Maintenance
 Dependent of OW/ODSP Recipient No Income Ontario Disability Support Program (ODSP)
 Employed Self-employed Other, specify _____

Highest Level of Education/Qualification:

 Grade 0 - 8 Grade 12 (or equivalent) Journeyperson Applied Degree
 Grade 9 OAC Some College Associate Degree
 Grade 10 Some Apprenticeship Certificate/Diploma Bachelor's Degree
 Grade 11 Certificate of Apprenticeship Some University Post Graduate
Country of Highest Level of Education In Canada Outside Canada

Time out of school/work/training

 Less than 3 months 3 to 6 months 6 months to 1 year 1 year to 6 years More than 6 years N/A

Validation of OW/ODSP or EI status on file?

 Yes No Not Applicable

Validation of income on file (if Training Supports are provided)?

 Yes No Not Applicable

ES proof of eligibility has been reviewed and verified (age, legally entitled to work in Canada, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Case Worker (Last Name, First Name)	Date (DD/MM/YYYY)	

Notice of Collection and Consent

Your Service Provider delivers Employment Service under an agreement with the Ministry of Advanced Education and Skills Development (Ministry) and is required to make its books and records available to the Ministry for inspection, investigation or audit. Your Service Provider is also required to report to the Ministry on:

- the service it tailors and provides to you
- your educational, training and employment progress and outcomes
- your satisfaction with the service you receive

The Ministry will also collect relevant personal information from Canada if necessary to determine your eligibility for and the nature and level of Employment Insurance benefits and to monitor, assess and evaluate the effectiveness of Employment Service. Depending on the type of service or support you receive and any incentives available to your employer to hire you, the Ministry may also collect personal information indirectly from your employer.

The Ministry will use your personal information to administer and finance Employment Service. For purposes of administering the Employment Service, client information collected on this form will be recorded, either by the Service Provider or Ministry, in the Ministry's Employment Ontario Information System (EOIS). EOIS is used by the Service Provider and Ministry to support the administration of Employment Ontario programs and services, including the Employment Service. Note: The Ministry may use contractors and auditors to administer and finance Employment Service.

Administration includes:

- Assessing the performance of your Service Provider – its effectiveness, efficiency and customer service results; monitoring, inspecting, investigating, auditing and enforcing your Service Provider's compliance with its agreement with the Ministry.
- Planning, evaluating and monitoring Employment Service – this includes conducting surveys; and conducting policy and statistical analysis and research related to all aspects of Employment Service. You may be contacted to request your voluntary participation in surveys.
- Promoting Employment Service – You may be contacted to request your voluntary participation in public relations campaigns related to Employment Service.

Employment Service is funded by the Ministry, in part with funds provided by Canada under Part II of the *Employment Insurance Act*. Under the Labour Market Development Agreement between Canada and Ontario (LMDA), the Ministry is required to collect your social insurance number to provide reports to Canada to allow it to monitor and assess the Employment Insurance Program as required under s. 3 of the *Employment Insurance Act*.

The Ministry collects your personal information in accordance with s. 38(2) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31, as amended, the LMDA, the Labour Market Agreement between Canada and Ontario, ss. 3, 63 and 139 of the *Employment Insurance Act*, S.C. 1996, C.23, as amended, s. 76.29 of the Employment Insurance Regulations, SOR/96-332, ss. 10, 34(1) and 36(1) of the Department of Human Resources and Skills Development Act, S.C. 2005, C.34 AND S. 8 OF THE *Privacy Act*, R.S. 1985, c. P-21, as amended.

For more information about the collection and use of your personal information to administer and finance Employment Service you can contact the Manager, Employment Ontario Hotline, in writing at the Ministry of Advanced Education and Skills Development, 33 Bloor Street East, 2nd Floor, Toronto, Ontario M7A 2S3 or by phone at 1-800-387-5656. <https://www.ontario.ca/page/employment-ontario>.

Signatures

By signing below, I acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purpose.

Participant's Name	Participant's Signature	Date (DD/MM/YYYY)
Parent's/Guardian's Name	Parent's/Guardian's Signature (if applicant is under 16)	Date (DD/MM/YYYY)

By signing below, I give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

Participant's Name	Participant's Signature	Date (DD/MM/YYYY)
Parent's/Guardian's Name	Parent's/Guardian's Signature (if applicant is under 16)	Date (DD/MM/YYYY)