

**Services We Can Assist You With:**

Funding Assistance      Job Search      Career Decision Making      Information Services  
 How did you hear about us?    Social Media      Internet      Facebook      Word of Mouth      Other: \_\_\_\_\_

**Personal**

Legal Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Salutation: Mr.    Mrs.    Ms.    Miss      Male    Female    Other  
 Date of Birth: \_\_\_\_\_ Social Insurance #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
yyyy / mm / dd  
 Mailing Address: \_\_\_\_\_  
Street/Box      City/Town      Province      Postal Code  
 Contact Information: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
 Message # \_\_\_\_\_ Email Address \_\_\_\_\_  
 Indigenous Declaration: Métis:    MNA # \_\_\_\_\_ Verified    Settlement Member \_\_\_\_\_  
Location  
 Status First Nations    Inuit    Non Status First Nations    Non Indigenous  
 Citizenship: Canadian Citizen    Permanent Resident    Other: \_\_\_\_\_  
 Language Preferred: English    French    Michif    Other: \_\_\_\_\_  
 Marital Status: Single    Married    Common Law    Name of Spouse: \_\_\_\_\_  
First & Last Name  
 Number of dependants: \_\_\_\_\_ Age(s) of Dependants: \_\_\_\_\_ N / A  
 Drivers License: Yes    No    License Class #: \_\_\_\_\_ Province: \_\_\_\_\_  
 Do you rely on public transportation? Yes    No    Are you bondable? Yes    No    Unsure

**Education**

Grade Level Completed \_\_\_\_\_ Institute \_\_\_\_\_ Province \_\_\_\_\_ Date Completed \_\_\_\_\_  
yyyy/mm/dd  
 GED Completed: Yes    No    Institute \_\_\_\_\_ Province \_\_\_\_\_ Date Completed \_\_\_\_\_  
yyyy/mm/dd  
 Post-Secondary Education:    Certificate    Diploma    Degree    Trade    N/A  
Check all that apply  
 Post-Secondary Program: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
yyyy/mm/dd  
 Institution: \_\_\_\_\_ Province: \_\_\_\_\_

Check All Current Safety Tickets Applicable

None

First Aid  Expiry \_\_\_\_\_  
yyyy/mm/dd

Confined  Expiry \_\_\_\_\_  
yyyy/mm/dd

H2S  Expiry \_\_\_\_\_  
yyyy/mm/dd

Space WHMIS  Expiry \_\_\_\_\_  
yyyy/mm/dd

Fall protection  Expiry \_\_\_\_\_  
yyyy/mm/dd

TDG  Expiry \_\_\_\_\_  
yyyy/mm/dd

Ground Disturbance  Expiry \_\_\_\_\_  
yyyy/mm/dd

PST/CSTS  Expiry \_\_\_\_\_  
yyyy/mm/dd

Other Tickets Specify: \_\_\_\_\_

Do you have the appropriate equipment and tools required for employment Yes No N/A

**Employment Status:**

Employed Self Employed Unemployed How long? \_\_\_\_\_

If unemployed, how long have you been actively searching for work? \_\_\_\_\_

Are you receiving EI Benefits? Yes No Regular Maternity Medical Start Date \_\_\_\_\_  
yyyy / mm / dd

Have you received any EI Benefits in the last 3-5 years? No Yes Reason \_\_\_\_\_

Are you willing to relocate for employment? No Yes Why? \_\_\_\_\_

Are you currently a student? No Yes Institution Name \_\_\_\_\_

What is your long-term career goal? \_\_\_\_\_

Are you receiving social assistance? No Yes Start Date \_\_\_\_\_ Provincial Federal  
yyyy / mm / dd

Do you consider yourself a Person with a Disability? No Yes Specify \_\_\_\_\_

Do you have any health related issues that would have an affect on your employment or training? No Yes Specify \_\_\_\_\_

Are you taking any medications that would have an affect on your employment or training? No Yes Specify \_\_\_\_\_

**Employment History (starting with the most recent employer)**

**Most Recent or Current Employer:**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Wage: \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
yyyy/mm/dd yyyy/mm/dd

**Second Most Recent:**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Wage: \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
yyyy/mm/dd yyyy/mm/dd

<b>Third Most Recent:</b>		
Employer: _____	Job Title: _____	Wage: _____
Job Duties _____		
Reason for Leaving: _____	Start Date: _____ <small>yyyy/mm/dd</small>	End Date: _____ <small>yyyy/mm/dd</small>
<b>Fourth Most Recent:</b>		
Employer: _____	Job Title: _____	Wage: _____
Job Duties _____		
Reason for Leaving: _____	Start Date: _____ <small>yyyy/mm/dd</small>	End Date: _____ <small>yyyy/mm/dd</small>

**CONFIDENTIALITY AND CONSENT FORM**

The information is collected under the authority of the Indigenous Skills Employment and Training Program. It is used to determine program eligibility, to conduct program evaluation and to fulfill contractual obligations with Employment and Social Development Canada (ESDC). Rupert'sland Institute may disclose such information when we are legally required and authorized to do so.

Under the provisions of the Privacy Act of Canada and the Alberta Freedom of Information and Protection of Privacy Act, individuals have the right to protection of, and access to, their personal information. Instructions for obtaining personal information are available by contacting the RLI Director of Training – Rupert'sland Institute 2300, 10123—99 Street, Edmonton, AB. T5J-3H1

**CLIENT AUTHORIZATION FORM** (to be completed by the client and/or legal representative)

I, the undersigned, have read and understand this form. I acknowledge that the information provided by me or my representative is accurate and truthful. I authorize Rupert'sland Institute to collect, verify and supplement the information requested in this form.

Client			
Name: _____	_____	_____	Date: _____
<small>First Name</small>	<small>Initial</small>	<small>Family Name</small>	<small>yyyy/mm/dd</small>
Client Signature: _____			

<b>If signing on behalf of a client:</b> I am the Client's    Parent    Legal Guardian    Legal Representative
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