



# SAAMIS EMPLOYMENT & TRAINING ASSOCIATION

919 Tractor Ave SE Medicine Hat, AB T1A 8L1

Telephone: (403) 504 - 4056 ~ Fax: (403) 504 - 4224



### CLIENT PERSONAL INFORMATION:

Social Insurance Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Title: Mr. Mrs. Ms. Miss Dr.

Full Name: \_\_\_\_\_  
*Last First Middle Initial or Name*

Gender: Male Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
*Year Month Day*

### ABORIGINAL IDENTIFICATION:

First Nation Group: Treaty Status (registered) Non-Status Inuit Metis Non-Aboriginal Person

Treaty Status #: \_\_\_\_\_ Band Name: \_\_\_\_\_

First Nation Location: 6 7 8 Out of province Band Province: \_\_\_\_\_

Metis Location & Metis Number: \_\_\_\_\_

### LEGAL IDENTIFICATION & INCOME:

Citizenship: Canadian Other: \_\_\_\_\_ Are you entitled to work in Canada? Yes No

Marital Status: Single Married Separated Divorced Widowed Common-law

Preferred Language: English French Other Spouse Name: \_\_\_\_\_

Are you currently in receipt or eligible for Employment Insurance (EI) (UIC)? Yes No

Have you received Employment Insurance (EI) (UIC) within the last 3 years? Yes No

Have you received (EI) maternity or parental benefits within the last 5 years? Yes No

Unemployed Employed: F/T P/T Medical SFI or EI SFI-less than 6 months

Band Funding Self Employed Child Welfare SFI-How Long? \_\_\_\_\_

(WCB) Worker's Compensation Student Loan/Grant AISH Recipient Other: \_\_\_\_\_

Do you consider yourself to be a person with a disability? Yes No

What is the nature of your disability or select a disability type? \_\_\_\_\_

mobility agility pain seeing hearing speaking memory learning

physical mental psychological developmental health problems

Explain how your disability affects achieving sustainable employment? \_\_\_\_\_

How many dependent children do you have residing with you? \_\_\_\_\_ Ages: 0-5 6-10 11-15 16-18

### REFERENCE INFORMATION ~ REFERRED BY:

Self Referred Social Services Child Welfare Advertisement

Family/Friend Internet Probation Office Newspaper

Aboriginal Agency: \_\_\_\_\_ Other: \_\_\_\_\_

### ADDRESS INFORMATION:

How long have you resided at present address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City Province Postal Code*

### CONTACT INFORMATION

E-mail Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cellular Phone: ( ) \_\_\_\_\_

Messages: ( ) \_\_\_\_\_ Emergency Call: ( ) \_\_\_\_\_

Information that is collected from you is done so under the authority of the Aboriginal Human Resources Development Agreement and is in accordance and governed by the Protection of Personal Information Act (PIPA) and Freedom of Information and Protection of Privacy Act (FOIP).

Community Futures Treaty Seven-LMDDP: Policy Manual –Client Registration Form #014

**EDUCATION INFORMATION**

Have you taken or are you taking a Federal or Provincial Training Program?  Yes  No (if yes answer the following)

Life Skills  Training Program  Job Finders Club  Other: \_\_\_\_\_

Course Title: \_\_\_\_\_ Where? \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Highest Level of Education Completed:** \_\_\_\_\_ Year/Month/Day of Completion: \_\_\_\_\_

*Name of School*

*City, Province*

Certificate  Technical  1 year  2 years  3 years

*Year/Month/Day*

Vocational Training: \_\_\_\_\_ of Completion: \_\_\_\_\_

*Name of Training Institute, or Organization*

*City, Province*

Diploma  Bachelors  Masters  Engineering  Other: \_\_\_\_\_

*Year/Month/Day*

Post Secondary: \_\_\_\_\_ of Completion: \_\_\_\_\_

*Name of College, University*

*City, Province*

*Year/Month/Day*

Industrial Training \_\_\_\_\_ of Completion: \_\_\_\_\_

*Name of Technical Institute, College, University*

*City, Province*

**TRADE INFORMATION: YES  OR NO**

Specialized Trade: \_\_\_\_\_ Level:  Apprentice  1<sup>st</sup> Yr  2<sup>nd</sup> Yr  3<sup>rd</sup> Yr  4<sup>th</sup> Yr  Journeyman

*Name of Trade School*

*City, Province Registered*

*Date Registered*

**OTHER CERTIFICATIONS: YES  OR NO**

CSTS  TDG  First Aid  Forklift  H2S  Ground Disturbance  
 WHMIS  Chainsaw  CPR  ATV Rider  H2S Alive  Emergency Fire Dispatch  
 EMR  EMT  Firefighter  Food Safety  Confine Space  Confine Space Entry  
 Baby Sitter  Fall Protection  B.O.P. (P.I.T.S.)  Overhead Crane

List Other Tickets: \_\_\_\_\_

**LANGUAGE SKILLS:**

Language: English  Reading  Writing  Speaking  Listening

Language: French  Reading  Writing  Speaking  Listening

Language: Other \_\_\_\_\_  Reading  Writing  Speaking  Listening

**DRIVER'S LICENSE & TRANSPORTATION INFORMATION:**

Class 1 (any vehicle)  Class 2 (Bus)  Class 3 (3-axle plus)  Class 4 (Taxi/Ambulance)

Class 5 (2 axle, car, RV)  Class 6 (motorcycle)  Class 7 (Learners)  Q-Air Endorsed

Driver's License Suspension  No Driver's License Province: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have a reliable vehicle for work?  Yes  No Do rely on public transit system for work?  Yes  No

**EMPLOYMENT INFORMATION:**

**Most Recent Employer**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Hours worked per a week: \_\_\_\_\_  
 Rate of Pay: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
                     *Hourly*                    *Monthly*                    Reason For Leaving \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**2<sup>nd</sup> Employer**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Hours worked per a week: \_\_\_\_\_  
 Rate of Pay: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
                     *Hourly*                    *Monthly*                    Reason For Leaving \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**3<sup>rd</sup> Employer**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Hours worked per a week: \_\_\_\_\_  
 Rate of Pay: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
                     *Hourly*                    *Monthly*                    Reason For Leaving \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**EMPLOYMENT SOUGHT & BARRIER TO EMPLOYMENT INFORMATION:**

Type:  Full-time     Part-Time     Casual     Self Employment     Seasonal     Other  
 Duration:  Permanent     Temporary     Seasonal     Contract     On Call     Other

What type of work are you looking for? \_\_\_\_\_  
 How long have you been unemployed? \_\_\_\_\_ How long have you been actively seeking work? \_\_\_\_\_  
 Are you willing to relocate for work purposes?  No  Yes (Where) \_\_\_\_\_ Are you Bondable:  Yes  No  
 What is your career or training goal or aspirations? \_\_\_\_\_  
 Have you been convicted of a criminal offense, for which you have not been pardoned?  Yes  No  
 Do you have appropriate tools and safety equipment required for the work you are seeking?  Yes  No

**CLIENT CONSENT TO DISCLOSE INFORMATION & SIGNATURE**

I, \_\_\_\_\_, understand and consent to the disclosure and exchange of information between Aboriginal Futures Career & Training Centre (AFC&TC) and/or it's representatives: Community Futures Treaty 7-Labour Market Development Program (CFT7-LMDP), Service Canada, Alberta Employment Industry & Immigration (AEII), about the status and benefits of Employment Insurance, Income Support, Employment, Training Documents and personal information. I also authorize the disclosure and exchange of information between AFC&TC and any service providers or individuals that are involved in assisting me to complete my client action plan to verify that the information that I have provided to the AFC&TC is true and accurate. Should I become a participant in a training program, I consent to the disclosure of my personal information to AFC& TC and CFT7-LMDP for statistical analysis and to record this information into the KETO Database for statistical purposes as required by Service Canada.

In the event that I require funding for a skills enhancement intervention, this completed registration form #014 (3 pages) will be part of the application process, as required by Community Futures Treaty Seven-Labour Market Development Programs and/or contracted agents for project based training programs and individual funding requests.

**Client Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_