

(For office use only)

Date entered: _____ By: _____ Stat: _____

Assigned EC: _____ Appt date: _____ Time: _____

Reschedule EC: _____ Appt date: _____ Time: _____

CE FORMULAIRE EST DISPONIBLE EN FRANÇAIS

INFORMATION FORM

1. Have you seen an employment counsellor in the past year? ☐ Yes ☐ No

2. Are you a Social Assistance Recipient (Welfare/Income Assistance)? ☐ Yes ☐ No

If you answered *Yes*; what is the name of your case manager? _____

If you answered *Yes* to question 1 or 2, please see the reception. You do not need to fill out this form.

3. Are you currently receiving *Employment Insurance* (EI) benefits, or have you received EI in the last 3 years? ☐ Yes ☐ No

4. How did you find out about our services __Government website_____

A. Client Data

First name: _____ Last name: _____

Social Insurance Number (SIN): _____

Address: _____

City: _____ Province: NB _____ Postal code: _____

Home telephone: () _____ - _____ Alternate telephone: () _____ - _____

Email address: _____

☐ Male ☐ Female ☐ Other

Date of birth: ____ / ____ / ____ (yyyy/mm/dd)

Spoken language(s): ☐ English ☐ French ☐ Bilingual (English and French) ☐ Other(s)

Preferred service: ☐ English ☐ French

Residency status:

☐ Canadian Citizen ☐ Permanent Resident ☐ Temporary Permit (Work/Study) ☐ Other

Year of immigration to Canada (if applicable): _____

Marital status: ☐ Single ☐ Married or equivalent ☐ Separated ☐ Divorced ☐ Widowed

Number of dependants (children): _____

Are you a member of a First Nation group? ☐ No ☐ Yes, (☐ On reserve ☐ Off reserve)

Do you have a disability? ☐ No ☐ Yes (If yes, please specify: _____)

B. Employment and Financial Status

- ☐ **Unemployed** without any source of income
- ☐ **Currently working full-time** ☐ **Currently working part-time**
- Number of hours per week: _____
 - Gross wages received: \$ _____ (☐ Hourly ☐ Weekly ☐ Annually)
- ☐ **Seasonal worker:** 6 months per year or less
- ☐ **Threat of losing my job**
- ☐ **Receiving *Employment Insurance* (EI)**
- ☐ **Recent recipient of EI benefits** (received *Employment Insurance* benefits within the last 3 years)
- ☐ **Past recipient of EI benefits** (for parental leave within the last 5 years)
- ☐ **Other source of income** (i.e. private insurance, severance, worker's compensation, etc.)
- If so, please indicate: _____

Which service(s) are you looking for?

- ☐ Career decision
- ☐ Résumé
- ☐ Job search
- ☐ Funding or EI for training
- ☐ Academic upgrading (GED)
- ☐ Post-secondary education (College)
- ☐ Other (explain) _____

C- Education or Training

- ☐ High School Diploma ☐ GED Diploma ☐ Adult High School Diploma (AHSD)

Year that you obtained your diploma: _____

If you did not complete high school, what is the highest grade that you have completed and in which calendar year? Grade: _____ Year: _____

Do you have a post-secondary education? ☐ Yes ☐ No

1.College or university name: _____

Program title: _____

☐ Completed ☐ Incomplete Date attended: _____ (mm/yy) to _____ (mm/yy)

2.College or university name: _____

Program title: _____

☐ Completed ☐ Incomplete Date attended: _____ (mm/yy) to _____ (mm/yy)

3.College or university name: _____

Program title: _____

☐ Completed ☐ Incomplete Date attended: _____ (mm/yy) to _____ (mm/yy)

Other training, license, course completed (correspondence, trade license, union membership):

D- Work Objective

1. What is your work objective? _____

2. Have you been looking for work? ☐ Yes ☐ No

(Be prepared to provide a list of employers that you have contacted)

3. What is currently preventing you from finding employment?

E-Work History

If you have a résumé, please bring a copy to your appointment.

Last 3 employers (starting with most recent):

1. Name of employer /company: _____

Job title: _____

Employment period from: _____ (mm/yy) to _____ (mm/yy)

Gross wages received: \$ _____ (☐ Hourly ☐ Weekly ☐ Annually)

Reason for leaving (refer to list below): _____

2. Name of employer /company: _____

Job title: _____

Employment period from: _____ (mm/yy) to _____ (mm/yy)

Gross wages received: \$ _____ (☐ Hourly ☐ Weekly ☐ Annually)

Reason for leaving (refer to list below): _____

3. Name of employer /company: _____

Job title: _____

Employment period from: _____ (mm/yy) to _____ (mm/yy)

Gross wages received: \$ _____ (☐ Hourly ☐ Weekly ☐ Annually)

Reason for leaving (refer to list below): _____

Possible reason for leaving your job:

1 - Shortage of work

5 - Maternity or parental leave

9- Currently employed

2 – Return to school

6 – Relocated

10- Promoted

3 - Sick leave

7- Other (explain)

11- Retired

4 - Quit

8 -Dismissed