CLIENT REGISTRATION FORM

EDUCATION

High School Grade or Equivalency Completed:		
College: Year One o Year Two o Year Thr		
Diploma: Year At Yes o No o	Year Attained Province of College No o	
University: Year One o Year Two o Year Three o Year Four o		
Degree: Year A	Year Attained Province of College	
Other Training Programs, Courses, Certificates, or License/Trade Certificates Achieved:		
EMPLOYMENT SOUGHT		
Work Preference 1		Years Experience
Work Preference 2		Years Experience
EMPLOYMENT HISTORY		
Current or Last Employer Employer or Company Name	From	То
Job Title	Paid o	Volunteer o
First Previous Employer Employer or Company Name	From	То
Job Title	Paid o	Volunteer o
Second Previous Employer Employer or Company Name	From	То
Job Title	Paid o	Volunteer o
I verify that the information is complete and correct, and I understand it maybe subject to verification. Information on the client registration form is collected for the purpose of providing employment assistance. This information, when provided to Canada, is protected under Canada's Privacy Act and you have the right under the Privacy Act to obtain access to that information from Canada. I hereby authorize the release of any information contained in my application form.		
Client Signature		