

CLIENT REGISTRATION FORM

EDUCATION

High School Grade or Equivalency Completed: _____	
College: Year One <input type="checkbox"/> Year Two <input type="checkbox"/> Year Three <input type="checkbox"/>	Discipline _____
Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>	Year Attained _____ Province of College _____
University: Year One <input type="checkbox"/> Year Two <input type="checkbox"/> Year Three <input type="checkbox"/> Year Four <input type="checkbox"/>	Discipline _____
Degree: Yes <input type="checkbox"/> No <input type="checkbox"/>	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	To
Job Title	Paid <input type="checkbox"/>	Volunteer <input type="checkbox"/>
First Previous Employer Employer or Company Name	From	To
Job Title	Paid <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Second Previous Employer Employer or Company Name	From	To
Job Title	Paid <input type="checkbox"/>	Volunteer <input type="checkbox"/>

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

Date