

Fields marked with an asterisk (*) are mandatory.

Staff is available to help you complete this form.

Employment Ontario Programs *

- | | | |
|---|--|---|
| <input type="checkbox"/> Employment Service (ES) | <input type="checkbox"/> Literacy and Basic Skills (LBS) | <input type="checkbox"/> Supported Employment Consortia (SEC) |
| <input type="checkbox"/> Youth Job Connection (YJC)/Youth Job Connection: Summer (YJCS) | <input type="checkbox"/> Supported Employment Sole (SES) | |

Service Provider Use Only

Case Reference	Person Reference	Date of Registration (dd/mm/yyyy)
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Participant Details

Last Name *	First Name *	Middle Initial
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Preferred Name	Social Insurance Number *
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What is your gender identity? (Select all that apply) *

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Man/Young Man | <input type="checkbox"/> Woman/Young Woman | <input type="checkbox"/> Two-spirit |
| <input type="checkbox"/> I don't identify with any of the above (specify) ► _____ | | | <input type="checkbox"/> Prefer not to answer |

 Do you identify as transgender? Yes No Questioning Prefer not to answer

Date of Birth (dd/mm/yyyy) *	Date Arrived in Canada (if born outside Canada) (dd/mm/yyyy)	Place of Birth (Country)
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Status in Canada *

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Other (specify) ► _____ | Preferred Language * |
| | | | <input type="checkbox"/> English <input type="checkbox"/> French |

Immigrated to Canada? *

- | | | | |
|------------------------------|-----------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Prefer not to disclose |
|------------------------------|-----------------------------|---|---|

Preferred Communication

- | | | | |
|--------------------------------|--------------------------------|------------------------------------|---|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Email | <input type="checkbox"/> Hard Copy | Marital Status * |
| | | | <input type="checkbox"/> Single <input type="checkbox"/> Married (or equivalent) <input type="checkbox"/> Undisclosed |

Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility. This information will be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to employment programs and services. You may select more than one (1) option:

- | | | |
|--|---|--|
| <input type="checkbox"/> Newcomer | <input type="checkbox"/> Person with Disability | <input type="checkbox"/> First Nations |
| <input type="checkbox"/> Racialized person | <input type="checkbox"/> Inuit | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Francophone | | |

Participant Address and Contact Information
Primary Mailing Address

Unit Number	Street Number *	Street Name *	PO Box
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City/Town *	Province *	Postal Code *
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Alternate Mailing Address Address same as above

Unit Number	Street Number *	Street Name *	PO Box
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City/Town *	Province *	Postal Code *
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Primary Phone Number Home Mobile Other

Telephone Number

ext.

Alternate Phone Number Home Mobile Other

Telephone Number

ext.

Email Address

Education**Indicate your Highest Level of Education/Qualification:** Grade 0 - 8 OAC Applied Degree Grade 9 Certificate of Apprenticeship Associate Degree Grade 10 Journeyperson Bachelor's Degree Grade 11 Certificate/Diploma Post Graduate Grade 12 (or equivalent)

Institution of Highest Level of Education

Program Description

Start Date (dd/mm/yyyy)

End Date (dd/mm/yyyy)

Type

 Full-Time Part-Time

Country of Institution

Additional Education Some Apprenticeship Some College Some University

Institution of Additional Education

Program Description

Start Date (dd/mm/yyyy)

End Date (dd/mm/yyyy)

Type

 Full-Time Part-Time

Country of Institution

Employment

List your work experience, including volunteer work. Start with the most recent job/volunteer activity.

Work Experience 1

Employment Type

 Paid Self Employed Unpaid Volunteer

Name of Employer

Job Title/Duties

Employment Start Date (dd/mm/yyyy)

Employment End Date (dd/mm/yyyy)

Country of Employment

Pay Period *

 Hour Week Bi-weekly Month Year

Wage Amount (\$) *

Employment Hours Per Week *

Reason for Leaving

Service Provider Use Only

National Occupational Classification (NOC) *

North American Industry Classification System (NAICS) *

Additional information

How did you hear about this program?

What are your short-term employment/career goals?

What are your long-term employment/career goals?

What types of work are you interested in doing?

Identify any necessary adjustments or accommodations at a job location.
E.g., access and/or equipment needs that may be required due to a health issue or disability.

Have you applied for Employment Insurance Benefits in the past 52 weeks?

Yes No Unsure

▶ If "Yes", where? _____

Client Summary (Service Provider Use Only)

Internationally Trained Professional? Yes No

Labour force attachment

Employed Full-Time Employed Part-Time Unemployed Under-employed Self-employed
 Full-time Student Part-time Student

Dependants

Number of dependants _____ Prefer not to disclose

Credentials not recognized in Ontario

Regulated trade certificate College diploma Regulated professional
 University degree High school diploma N/A

History of poor work retention? Yes No

Job search skills: Unknown Needs development Satisfactory Strength
Employment skills: Unknown Needs development Satisfactory Strength
Language skills: Unknown Needs development Satisfactory Strength

Recent job loss due to labour market change? Yes No

Employment Experience No work experience Worked in Canada Worked, but not in Canada

Source of Income

Employment Insurance (EI) Ontario Works (OW) Crown Ward Extended Care and Maintenance
 Dependent of OW/ODSP Recipient No Income Ontario Disability Support Program (ODSP)
 Employed Self-employed Other, specify _____

Highest Level of Education/Qualification			
<input type="checkbox"/> Grade 0 - 8	<input type="checkbox"/> Grade 12 (or equivalent)	<input type="checkbox"/> Journey person	<input type="checkbox"/> Applied Degree
<input type="checkbox"/> Grade 9	<input type="checkbox"/> OAC	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Some Apprenticeship	<input type="checkbox"/> Certificate/Diploma	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Certificate of Apprenticeship	<input type="checkbox"/> Some University	<input type="checkbox"/> Post Graduate
Country of Highest Level of Education		<input type="checkbox"/> In Canada	<input type="checkbox"/> Outside Canada
Time out of school/work/training			
<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 1 year to 6 years
		<input type="checkbox"/> More than 6 years	<input type="checkbox"/> N/A
Validation of OW/ODSP or EI status on file?		Validation of income on file (if Training Supports are provided)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes
		<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
ES proof of eligibility has been reviewed and verified (age, legally entitled to work in Canada, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Case Worker (Last Name, First Name)			Date (dd/mm/yyyy)

Notice of Collection and Consent

Your organization delivers Employment Service under an agreement with the Ministry of Labour, Immigration, Training and Skills Development (Ministry) and is required to make its records available to the Ministry for inspection, investigation or audit. Your organization is also required to report to the Ministry on:

- the service it tailors and provides you;
- your employment progress and outcome; and
- your satisfaction with the services you receive.

The Ministry will also collect relevant personal information about you from the Government of Canada (Canada) if necessary. The purpose of this information is to determine your eligibility for Employment Insurance benefits, the nature and level of Employment Insurance benefits, and to monitor, assess and evaluate the effectiveness of Employment Service. Depending on the type of service or support you receive and any incentives available to your employer to hire you, your organization or the Ministry may also collect personal information about you from your employer.

The Ministry may use contractors and auditors to administer and finance Employment Service.

Administration includes:

- Assessing the performance of your organization – its effectiveness, efficiency and customer service results; monitoring, inspecting, investigating, auditing and enforcing your organization's compliance with its agreement with the Ministry.
- Planning, evaluating and monitoring Employment Service – this includes conducting surveys, and conducting policy and statistical analysis and research related to all aspects of Employment Service. You may be contacted to request your voluntary participation in surveys.
- Promoting Employment Service – you may be contacted to request your voluntary participation in public relations campaigns related to Employment Service.

If you are a client of, or applying to, the Ontario Disability Support Program or Ontario Works, the Ministry will provide your personal information to the Ministry of Children, Community and Social Services (MCCSS) for the purposes of administering employment services and managing the participation of MCCSS clients in employment support programs under the *Ontario Works Act, 1997*, and the *Ontario Disability Support Program Act, 1997*.

Employment Service is funded by the Ministry, in part with funds provided by Canada under Part II of the *Employment Insurance Act*. When funds are provided by Canada, the Ministry is required to provide information to Canada to help monitor and assess the Employment Insurance Program, as required under s.3 of the *Employment Insurance Act*. Under the Labour Market Development Agreement between Canada and Ontario (LMDA) and the Workforce Development Agreement between Canada and Ontario (WDA), the Ministry is required to collect your social insurance number.

The Ministry collects your personal information pursuant to the LMDA and WDA, ss. 3 and 63 of the *Employment Insurance Act*, S.C. 1996, C.23 as amended, and s.76.29 of the Employment Insurance Regulations, SOR/96-332. The Ministry will collect personal information from clients who identify as Ontario Disability Support Program or Ontario Works recipients and disclose your personal information to MCCSS in accordance with the s.71 of the *Ontario Works Act, 1997*, and s.53 of the *Ontario Disability Support Program Act, 1997*.

For more information about the collection and use of your personal information to administer and finance Employment Service, you can contact the Manager, Employment Ontario Call Centre, in writing at the Ministry of Labour, Immigration, Training and Skills Development, 33 Bloor Street East, 2nd Floor, Toronto ON M7A 2S3 or by phone at 1-800-387-5656. For the hearing impaired, TTY is available at 1-866-533-6339.

Signatures

By signing below, I acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purpose.

Participant's Name	Participant's Signature	Date (dd/mm/yyyy)
Parent's/Guardian's Name	Parent's/Guardian's Signature (if applicant is under 16)	Date (dd/mm/yyyy)

By signing below, I give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

Participant's Name	Participant's Signature	Date (dd/mm/yyyy)
Parent's/Guardian's Name	Parent's/Guardian's Signature (if applicant is under 16)	Date (dd/mm/yyyy)