



PROTECTED WHEN COMPLETED

**285 Red River Road
Thunder Bay, ON
P7B 1A9**

CLIENT INFORMATION

Social Insurance Number		Date of Birth (dd/mm/yyyy)	
Last Name		Middle Initial	First Name
Mailing Address			Postal Code
City/Town		Province	Home Phone
Email		Cell Phone	
Indigenous Group <input type="checkbox"/> Registered Indian <input type="checkbox"/> Metis <input type="checkbox"/> Non-status Indian <input type="checkbox"/> Inuit			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified			
Marital Status <input type="checkbox"/> Married or equivalent <input type="checkbox"/> Seperated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Number of dependent children <i>(living with you)</i>
Name of Band		Is child care needed? <input type="checkbox"/> yes <input type="checkbox"/> No	
Living on Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you consider your self to be a person with a disability <input type="checkbox"/> Yes <input type="checkbox"/> No	
Languages Spoken <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Ojibway <input type="checkbox"/> Other:			
Employed Status <i>at intake</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			NOC CODE:
Education Level <i>at intake</i> <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> No formal education <input type="checkbox"/> Secondary School Diploma/GED <input type="checkbox"/> Up to Grade 7-8 <input type="checkbox"/> Apprenticeship/Trades certificate or diploma <input type="checkbox"/> Grade 9-10 <input type="checkbox"/> College, CEGEP, or other non-university certificate or diploma <input type="checkbox"/> Grade 11 or 12 incomplete <input type="checkbox"/> University certificate or diploma <input type="checkbox"/> University - Bachelor Degree <input type="checkbox"/> University - Masters <input type="checkbox"/> University - Doctorate			
Trades (Including Heavy Equipment)		Level/Red Seal	Specialization Years Experience
1			
2			
CERTIFICATES (First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)			
Certification	level	Registrar	Expiry date
1			
2			
Are you ready, willing and available for work/training?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type of employment?		<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Contract	
Are you willing to relocate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Working shiftwork?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hourly wage expection?		<input type="checkbox"/> Min-Wage <input type="checkbox"/> min wage - \$20 <input type="checkbox"/> Over 20\$	
Clean criminal record		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Vaild passport?		<input type="checkbox"/> Yes, Expiry Date _____ <input type="checkbox"/> No	

Volunteer work			
Computer/Technology Skills:			
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Powerpoint	<input type="checkbox"/> Email/Internet Search
<input type="checkbox"/> Office Phone Systems	<input type="checkbox"/> GIS	<input type="checkbox"/> Other: _____	
Physical Capabilities:			
<input type="checkbox"/> Sitting	<input type="checkbox"/> Standing	<input type="checkbox"/> Lift Over 50 lbs	<input type="checkbox"/> Walking <input type="checkbox"/> Outdoor Work
Licences (Class)	Number	Province	Expiry date
1			
2			
TRADITIONAL/CULTURAL SKILLS (Trapping, Hunting, Fishing, Beading, Painting, Carving, Woodworking)			
EMPLOYMENT HISTORY starting from most recent work experience, please list employment history:			
Employer	Job Title	Dates	Reason for leaving
1			
2			
3			
SOURCE OF INCOME <i>at intake</i>			
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ontario Works Recipient	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Employment Insurance (EI) Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Reach-Back Client (on EI in the last 3 years or on Special Benefits in the last 5 years)			
<input type="checkbox"/> None	<input type="checkbox"/> Other _____		
Barriers to Employment - Check all that apply			
<input type="checkbox"/> None	<input type="checkbox"/> Education	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Remoteness	<input type="checkbox"/> Lack of Work Experience	<input type="checkbox"/> Physical Emotional or Mental Health	
<input type="checkbox"/> Language	<input type="checkbox"/> Lack of Work Transportation	<input type="checkbox"/> Lack of Labour Force Attachment	
<input type="checkbox"/> Economic	<input type="checkbox"/> Lack of Marketable Skills	<input type="checkbox"/> Dependant Care	
Action Plan Start Date <i>today's date</i>	(dd/mm/yyyy) :		
Under the Privacy Act the personal information collected on this form may be accessed by the participant.			
The information is kept on file at the AETS office.			
Signature of Participant:			Date