

<p>Residence (Please select all that apply)</p> <p><input type="checkbox"/> Co-habitation: (Reside with spouse/family member/friend)</p> <p><input type="checkbox"/> Private Property (Privately owned house/condo/building)</p> <p><input type="checkbox"/> Rented Residence (Apartment/house/condo/trailer)</p> <p><input type="checkbox"/> Other, please specify:</p>	<p>Please indicate the number of dependant children that currently reside with you: _____</p> <hr/> <p>Access to Technology (Select all that apply)</p> <p><input type="checkbox"/> Cell Phone <input type="checkbox"/> Tablet</p> <p><input type="checkbox"/> Desktop computer <input type="checkbox"/> Laptop</p> <p><input type="checkbox"/> Printer <input type="checkbox"/> Other:</p>																
<p>Circle of Support</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Full Name</td> <td style="width: 25%;">Relationship</td> <td style="width: 25%;">Phone</td> <td style="width: 25%;">Email</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Full Name</td> <td>Relationship</td> <td>Phone</td> <td>Email</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Full Name	Relationship	Phone	Email					Full Name	Relationship	Phone	Email				
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GENERAL HEALTH & WELLNESS

<p>Do you have any health issues that require you to accept certain types of work? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:</p>		
<p>Do you have any restrictions or require any special accommodations to work? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:</p>		
<p>Do you consider yourself a person with a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify the nature of your disability:</p>		
<p>Clearance Requirements I would pass and/or apply for (Select all that apply):</p> <p><input type="checkbox"/> Criminal Record Check <input type="checkbox"/> Child Welfare Information System <input type="checkbox"/> Drug Screen / Test</p> <p><input type="checkbox"/> Vulnerable Sector Check <input type="checkbox"/> Child Youth Management Information System <input type="checkbox"/> Drivers Abstract</p> <p><input type="checkbox"/> Vaccinations</p>		
<p>Are you involved with the Justice System? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; vertical-align: top;"> <p>Childcare Do you require support for childcare?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> </td> <td style="width: 65%; vertical-align: top;"> <p>Please identify how your childcare is supported. (Select all that apply):</p> <p><input type="checkbox"/> N/A <input type="checkbox"/> EI/CRF <input type="checkbox"/> Daycare not available</p> <p><input type="checkbox"/> Assisted by Family <input type="checkbox"/> Provincial subsidy <input type="checkbox"/> Self-funded</p> <p><input type="checkbox"/> No funding received <input type="checkbox"/> Other Subsidy:</p> </td> </tr> </table>	<p>Childcare Do you require support for childcare?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Please identify how your childcare is supported. (Select all that apply):</p> <p><input type="checkbox"/> N/A <input type="checkbox"/> EI/CRF <input type="checkbox"/> Daycare not available</p> <p><input type="checkbox"/> Assisted by Family <input type="checkbox"/> Provincial subsidy <input type="checkbox"/> Self-funded</p> <p><input type="checkbox"/> No funding received <input type="checkbox"/> Other Subsidy:</p>
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<p>If necessary, would you be willing to relocate for training purposes?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please specify a general area that you could accommodate:</p>		
<p>If necessary, would you be willing / able to relocate for employment?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please specify a general area that you could accommodate:</p>		

EDUCATION & TRAINING

Please provide details about your education history, when completed, Institution and program type if applicable.								
Education level	Year completed	Institution	Program Type (if applicable)					
<input type="checkbox"/> Up to Grade 7-8 (Secondary I-II)								
<input type="checkbox"/> Grade 9-10 (Secondary III)								
<input type="checkbox"/> Grade 11-12 (Secondary IV-V)								
<input type="checkbox"/> Secondary School Diploma or GED								
<input type="checkbox"/> Some post-secondary training								
<input type="checkbox"/> Apprenticeship/ trades certificate or diploma								
<input type="checkbox"/> College, CEGEP, or other non-university Certificate or Diploma								
<input type="checkbox"/> University - Certificate or Diploma								
<input type="checkbox"/> University - Bachelor's Degree								
<input type="checkbox"/> University - Master's degree								
<input type="checkbox"/> University - Doctorate								
Please provide details about your Safety Ticket Training								
Safety Ticket	Require	Have	Expiry Date		Safety Ticket	Require	Have	Expiry Date
First Aid / CPR	<input type="checkbox"/>	<input type="checkbox"/>			Ground Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	
WHMIS	<input type="checkbox"/>	<input type="checkbox"/>			Safe Food Handling	<input type="checkbox"/>	<input type="checkbox"/>	
H2S Alive	<input type="checkbox"/>	<input type="checkbox"/>			Other:	<input type="checkbox"/>	<input type="checkbox"/>	
TDG	<input type="checkbox"/>	<input type="checkbox"/>			Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Chainsaw	<input type="checkbox"/>	<input type="checkbox"/>			Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Confined Space	<input type="checkbox"/>	<input type="checkbox"/>			Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>			Other:	<input type="checkbox"/>	<input type="checkbox"/>	
CSTS	<input type="checkbox"/>	<input type="checkbox"/>			Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a ticketed trade?				Do you have Tools and/or Safety Equipment to work in this trade?				
<input type="checkbox"/> No <input type="checkbox"/> Yes - Trade Name:				<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No – please indicate what you require:				
Driver's License (Select all that apply)					Primary method of transportation			
<input type="checkbox"/> Class 1 (any vehicle)		<input type="checkbox"/> Class 5 (cars, light trucks)		<input type="checkbox"/> None				
<input type="checkbox"/> Class 2 (large buses)		<input type="checkbox"/> Class 6 (motorcycles)		<input type="checkbox"/> Personal vehicle				
<input type="checkbox"/> Class 3 (three axle vehicles)		<input type="checkbox"/> Class 7 (learning permit)		<input type="checkbox"/> Public Transportation				
<input type="checkbox"/> Class 4 (taxi, ambulance, small bus)				<input type="checkbox"/> Rely on Family/Friends				
<input type="checkbox"/> None of the above, reason why:				<input type="checkbox"/> Other, please specify:				

EMPLOYMENT

Current Employment Status (Select all that apply) <input type="checkbox"/> Employed > <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Student <input type="checkbox"/> Internship <input type="checkbox"/> Self-Employed / Contractor <input type="checkbox"/> Under-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:		
Employment History 1 <input type="checkbox"/> Currently Employed <input type="checkbox"/> Previous Employment		
Employer:	Position / Job title	Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-Call <input type="checkbox"/> Other:
Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Reason for Leaving (if applicable)
Employment History 2 <input type="checkbox"/> Currently Employed <input type="checkbox"/> Previous Employment		
Employer	Position / Job title	Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-Call <input type="checkbox"/> Other:
Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Reason for Leaving (if applicable)
What have you done to seek employment in the past 6 months? <input type="checkbox"/> Public employment agency <input type="checkbox"/> Private employment agency <input type="checkbox"/> Community agency - services or support (ISET) <input type="checkbox"/> Employers directly <input type="checkbox"/> Friends or relatives <input type="checkbox"/> Looked at job ads <input type="checkbox"/> Have not searched for employment (N/A) <input type="checkbox"/> Other, Please specify:		Have you applied for any jobs in the past 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes, please indicate a number beside the following outcomes with your job search. Outcomes No Responses _____ Interviews _____ Offered Positions _____ Hired _____ Do you have a Social Insurance Number (S.I.N.) <input type="checkbox"/> No <input type="checkbox"/> Yes
Please identify the barriers to employment or education that you are facing (Select all that apply): <input type="checkbox"/> Access to technology <input type="checkbox"/> Lack of education <input type="checkbox"/> Age <input type="checkbox"/> Physical or Mental Health <input type="checkbox"/> Transportation <input type="checkbox"/> Lack of experience <input type="checkbox"/> Family Support <input type="checkbox"/> Illness or Disability <input type="checkbox"/> Childcare <input type="checkbox"/> Lack of soft skills <input type="checkbox"/> Criminal History <input type="checkbox"/> Literacy / Learning challenges <input type="checkbox"/> Housing <input type="checkbox"/> Language <input type="checkbox"/> Discrimination <input type="checkbox"/> Financial Resources <input type="checkbox"/> Remoteness <input type="checkbox"/> Employment Gaps <input type="checkbox"/> Background <input type="checkbox"/> Other:		
Please identify 1-3 short-term (within 1 year) employment goals that you have:		
Please identify 1-3 long-term (2-5 years) goals employment/career goals that you have:		

