

INTAKE FORM

**PLEASE NOTE: THE INFORMATION GATHERED ALLOWS US TO DETERMINE WHAT TYPE(S) OF SERVICES WE ARE ABLE TO OFFER YOU.
ALL INFORMATION IS KEPT CONFIDENTIAL**

WHAT TYPE OF ASSISTANCE ARE YOU LOOKING FOR?

- JOB SEARCH RESUME SELF-EMPLOYMENT BENEFIT PROGRAM TRAINING OTHER

WHICH OFFICIAL LANGUAGE TO PREFER TO HAVE SERVICE IN:

- ENGLISH FRENCH

ARE YOU CURRENTLY EMPLOYED?

- YES NO

IF YOU MARKED "YES," WHAT TYPE OF EMPLOYMENT DO YOU HAVE?

- FULL TIME PART TIME SEASONAL TEMPORARY SELF-EMPLOYED

CLIENT CONTACT INFORMATION

NAME: _____ I IDENTIFY AS: MALE FEMALE OTHER _____

SIN: ____ - ____ - ____ DATE OF BIRTH: (DD/MM/YY) ____ / ____ / ____

MAILING ADDRESS: _____ TOWN: _____

PROVINCE: ____ POSTAL CODE: ____ - ____

PHONE: (____) ____ - ____ ALT. PHONE: (____) ____ - ____

EMAIL: _____

PLEASE MARK IN THE BOX THAT APPLIES TO YOU:

- LEGALLY ENTITLED TO WORK IN CANADA CANADIAN CITIZEN PERMANENT RESIDENT OTHER

ARE YOU A STUDENT? YES NO **IF YOU MARKED "YES," WHERE?** _____

MARITAL STATUS:

- COMMON LAW DIVORCED WIDOWED MARRIED SINGLE SEPARATED OTHER

PLEASE MARK ALL THAT APPLY TO YOU:

- | | |
|--|--|
| <input type="checkbox"/> RECENTLY APPLIED FOR EMPLOYMENT INSURANCE (EI) | <input type="checkbox"/> ON CPP DISABILITY |
| <input type="checkbox"/> ON EMPLOYMENT INSURANCE BENEFITS (EI) | <input type="checkbox"/> ON SICK LEAVE BENEFITS THROUGH MY EMPLOYER |
| <input type="checkbox"/> ON EI SICK BENEFITS | <input type="checkbox"/> ON A PRIVATE INSURANCE CLAIM |
| <input type="checkbox"/> ON EI COMPASSIONATE CARE LEAVE | <input type="checkbox"/> RECEIVING SEVERANCE |
| <input type="checkbox"/> ON MATERNITY/PARENTAL EI BENEFITS | <input type="checkbox"/> ON AN ACTIVE WCB CLAIM |
| <input type="checkbox"/> RECEIVED EMPLOYMENT INSURANCE (EI) IN THE LAST 5 YEARS | <input type="checkbox"/> SOCIAL ASSISTANCE (INCOME ASSISTANCE) RECIPIENT |
| <input type="checkbox"/> RECEIVED EI SICK BENEFITS IN THE LAST 5 YEARS | |
| <input type="checkbox"/> RECEIVED MATERNITY/PARENTAL EI BENEFITS IN THE LAST 5 YEARS | |
| <input type="checkbox"/> RECEIVED COMPASSIONATE CARE EI BENEFITS IN THE LAST 5 YEARS | |

SELF IDENTIFICATION QUESTIONNAIRE (OPTIONAL)

NOVA SCOTIA WORKS AND CAREER CONNECTIONS ARE COMMITTED TO FOSTERING DIVERSITY AND INCLUSION IN OUR SERVICES, AND COMPLETION OF ALL OR PART OF THIS SECTION IS VOLUNTARY. THE INFORMATION COLLECTED MAY BE USED BY STAFF TO ADVISE YOU OF SERVICES AND TO ASSIST IN ASSESSING YOUR EMPLOYMENT NEEDS.

DO YOU SELF-IDENTIFY AS:

- | | |
|---|--|
| <input type="checkbox"/> ABORIGINAL | <input type="checkbox"/> IMMIGRANT |
| <input type="checkbox"/> AFRICAN NOVA SCOTIAN | <input type="checkbox"/> VISIBLE MINORITY |
| <input type="checkbox"/> PERSON WITH A DISABILITY | <input type="checkbox"/> FRANCOPHONE/ACADIAN |

DO YOU HAVE ACCESS TO RELIABLE TRANSPORTATION?

YES NO

WHAT TYPE OF DRIVER'S LICENSE DO YOU HAVE?

NO LICENSE HEAVY VEHICLE (CLASS 3)
 BEGINNERS' (CLASS 7) TRACTOR TRAILER TRUCK (CLASS 1)
 REGULAR VEHICLE (CLASS 5) BUS (CLASS 2)
 MOTORCYCLE (CLASS 6) TAXI (CLASS 4)

ARE YOU WILLING TO RELOCATE? YES NO **IF YOU MARKED "YES," WHERE?** _____

ARE THERE SPECIFIC RESTRICTIONS ON YOUR AVAILABILITY THAT WILL IMPACT/LIMIT WORK OPTIONS AND/OR YOUR ABILITY TO PARTICIPATE IN TRAINING? YES NO

IF YOU MARKED "YES," PLEASE GIVE A BRIEF EXPLANATION:

EDUCATION HISTORY

DO YOU HAVE A GRADE 12 OR GED? YES NO YEAR ATTAINED: _____

EDUCATION AND TRAINING YOU HAVE COMPLETED

YEAR _____ COURSE/TRAINING/SCHOOL _____
YEAR _____ COURSE/TRAINING/SCHOOL _____
YEAR _____ COURSE/TRAINING/SCHOOL _____
 WHMIS CPR ANY ADDITIONAL COURSES? _____

EMPLOYMENT HISTORY

EMPLOYERS NAME _____ JOB TITLE _____

START DATE _____ END DATE _____ REASON FOR LEAVING _____

EMPLOYERS NAME _____ JOB TITLE _____

START DATE _____ END DATE _____ REASON FOR LEAVING _____

EMPLOYERS NAME _____ JOB TITLE _____

START DATE _____ END DATE _____ REASON FOR LEAVING _____

PLEASE LET US KNOW ABOUT ANY ADDITIONAL INFORMATION YOU FEEL IS RELEVANT:

THANK YOU