

Eastern Shore Job Search Centre

Registration Form

This information will be kept confidential and only shared with outside service providers if applicable
If FILLING OUT BY HAND, PLEASE PRINT

Social Insurance Number: _____

Name: _____
First Middle Last

Address: _____
Postal Code: _____

Telephone: _____ Email: _____

Date of Birth: Day: _____ Month: _____ Year: _____

Are you presently: Employed Unemployed Student

Are you in receipt of any of the following?

Employment Insurance Social Assistance Canada Pension Other

Have you received E.I in the last 3 years?
or Yes No

Did you begin Maternity/Paternity benefits in the last 5 years?

The following information is required for statistical purposes.

Gender: Male Female

Languages (read and write): English French Other: _____

Do you consider yourself to be: Aboriginal Disabled Visible Minority

Are you: Canadian Citizen Other Married or Equivalent Single

Do you have a Driver's License? Yes No (If yes), Class: _____

Do you have access to transportation? Yes No

Highest Level of Education Completed: Grade: _____

Province: _____ Certificate or Diploma: _____

Other Training: _____

Licenses/Trade Certificate: _____

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Type of Job you are looking for: _____

Years of Experience: _____

Preference: _____

Name of last employer: _____

Employed: From: _____ To: _____
Day Month Year Day Month Year

Job Title: _____ Reason for Leaving: _____

Name of previous employer: _____

Employed: From: _____ To: _____
Day Month Year Day Month Year

Job Title: _____ Reason for Leaving: _____

Signature: _____ **Date:** _____

(If you are completing and emailing the form electronically your email will replace the signature line)