Newfoundland Labrador

Advanced Education, Skills and Labour

Initial Employee/Client Contact Form

EMPLOYER/ORGANIZATION: _____ AGREEMENT # _____

CONFIDENTIAL

Please Note: All fields (unless Indicated) are required to assist in determining eligibility for programs and/or to collect baseline information on program participants as part of the accountabilities specified under the federal/provincial labour market transfer agreements.

Personal Information - Employee		
Employee Name:		
Address (Street or P.O. Box):		Province:
City or Town:		Postal Code:
Tel. #	Cell #	E-mail:
Social Insurance Number		Applied for, or in receipt of Income Support: Yes ☐ No ☐ Not Applicable to Canada-NL Job Grant Participants
Date of Birth _____		Gender: Male ☐ Female ☐ Other ☐

What is your preferred language of service and correspondence?	Marital Status		
English ☐ French ☐	Single ☐	Divorced ☐	Widowed ☐
	Married ☐	Separated ☐	Common Law ☐

Are you legally entitled to work in Canada?	Are you a Canadian citizen?	Are you a student?
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Optional Response - Do you perceive yourself as having a disability that causes you significant difficulty accessing training or employment? Yes ☐ No ☐

Are you an Indigenous person? Yes ☐ No ☐

Last or Current Employment (Prior to the position provided as part of Wage Subsidy or Training)

Employed or Self-employed Yes ☐ No ☐ **If yes, please provide the following:**

Name of Employer/Business Name_____

Type of Employment: Casual ☐ Contractual ☐ Full Time ☐ Part Time ☐ Seasonal ☐

Job Title _____Wage Rate $ _____per hour # Hours _____per week

Applied for, or in receipt of, Employment Insurance (EI) within the past 60 months: Yes ☐ No ☐

If yes, type of claim (check one): Compassion Care ☐ Maternity ☐ Parental ☐ Regular ☐ Sickness ☐

If on an active EI claim ending soon, do you have enough hours/earnings to file a new EI claim? Yes ☐ No ☐

Information below is used to collect pre-program participant information. This information will be used to help determine program impacts.

High School Education

What is the highest education level you completed in high school? _____

Date Completed _____ Name of High School _____

Post-secondary Education

Do you have any post-secondary education? Yes ☐ No ☐

If yes, please specify highest level of post-secondary education (for more than one post-secondary education completed, please include on separate sheet)

Program Name _____ Institution Name _____

Status In Progress ☐ Complete ☐ In-complete ☐

Funding Source

Government Funded ☐ Student Loan ☐

Self-Funded ☐ Other ☐ (please specify) _____

Length ___day(s) ___week(s) ___year(s) Completion year or last year attended _____

Information on the Wage Subsidy Position or New Position (if Receiving Training)

How did you become aware of this wage subsidy position or training opportunity?

_____

_____

Name of Employer/Business Name_____

Job Title _____ Wage Rate $ _____per hour # Hours _____per week

Duties _____

_____

Are you related to the Employer? Yes ☐ No ☐

If yes specify relationship _____

Expected Start Date (DD-MM-YYYY): _____ Expected Finish Date (DD-MM-YYYY): _____

JobsNL Wage Subsidy Participants ONLY

Are you in receipt of a federal or provincial pension, receiving Workplace NL benefits, or another benefit prescribed by the Minister of AESL (e.g., teachers' pension, military pension, CPP disability)?

Yes ☐ No ☐

_____ _____

Signature Date: (DD-MM-YYYY)