

# Personal Information Form (ISET Clients) | Request for Assistance Job Search/Preparation

Please complete all sections thoroughly.

Section A PERSONAL IDENTIFICATION					
Last Name:		First Name:		Middle Initial:	
Preferred name:		Preferred pronouns: <input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> other:			
S.I.N.:		Birth Date (dd/mm/yyyy):			
Gender <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/non-conforming <input type="checkbox"/> Prefer not to answer					
Mailing Address:		City:		Prov:	Postal Code:
Telephone #:		Message #:		Email:	
Indigenous status: <input type="checkbox"/> Registered Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Metis					
Band Name:		Band Registry / Status Number:			
Marital Status: <input type="checkbox"/> Married / Common Law <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
This section MUST be completed by all applicants					
Have you applied for or are you currently in receipt of Employment Insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had an Employment Insurance Claim within the past five years?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a Parental or Maternity leave claim in the past five years?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your current source of income?					
<input type="checkbox"/> Social Assistance <input type="checkbox"/> Student Loans <input type="checkbox"/> Pension <input type="checkbox"/> Part-time Work <input type="checkbox"/> Full-time Work <input type="checkbox"/> Other, please explain:					
Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language Spoken? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:		Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No   Class:	
Section C EDUCATION AND TRAINING					
Highest Grade completed:		Year Completed:		Province/Country:	
Please list all degrees, trade levels, licenses, diplomas, certificates, or work tickets obtained:					
List all adult basic education, post-secondary training and or courses that you have attended:					
Institute/Organization	Location	Year	Course	Certificate, Diploma, Degree, Tickets	Completed?
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
List any ISET funded programs you have previously participated in and the outcome or results for you.					
Year	Program	Completed?	Outcome/Result		
		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N			
Are you currently attending school full time?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many hours of school per week are you attending?				_____ / week	

Do you intend to return to school in the upcoming academic year/semester?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you left school to permanently join the workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

**List changes to be made to existing resume (add a second page if you need more room):**

TYPE OF ASSISTANCE REQUESTED	REQUIRED?	COMPLETED?	DATE
RESUME	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COVER LETTER	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
JOB SEARCH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PRINTING SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OFFICE USE:</b>			
EI <input type="checkbox"/> CRF <input type="checkbox"/> REACH BACK <input type="checkbox"/> EIBIS CHECKED <input type="checkbox"/> YES <input type="checkbox"/> NO			