

Registration Date

M	M	D	D	Y	Y	Y	Y
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Prefix

Mrs. Ms. Mr Dr

***Last Name**

Maiden Name (if applicable)

Gender

Male Female

***First Name**

Middle Initial(s)

***Date of Birth**

M	M	D	D	Y	Y	Y	Y
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***Social Insurance Number**

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***Primary Address**

Apt #

Street

City

Province

Postal Code

Cell
Home

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Email (Please Print) : _____

FINANCIAL ASSISTANCE:

- Alberta Works Income Support Yes No
- Received EI benefits in the last 3 years Yes No
- Current employment insurance claim Yes No
- Received maternity or parental benefits in last 5 years Yes No
- Recently applied or plan to apply for EI benefits Yes No

Declaration / Consent :

The information that you provide is obtained and managed in accordance with the Freedom of Information and Protection of Privacy Act. I recognize that by signing this document, my personal information can be provided to an agent or authorized subcontractor of Alberta Human Services or of Employment and Social Development Canada to determine my eligibility for programs and services; to evaluate my satisfaction with the services received or to evaluate the results of provincial programs.

***Signature**

Date :

M	M	D	D	Y	Y	Y	Y
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Client Satisfaction Surveys

The Government of Alberta would like to measure the quality of the services offered in the programs they fund, including Career Connection. As such, they employ an independent company, **R.A. Malatest & Associates Ltd.** who randomly select a sample size of past clients to survey. The questions asked are directly related to the quality of the services received and your current academic and/or employment pursuits. I understand that my participation in such surveys is voluntary and the collected information will be held in the highest confidentiality.

***Signature**

Date :

M	M	D	D	Y	Y	Y	Y
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Client Registration Form

Citizenship Status: Citizen Permanent Resident Work Permit Other

Marital Status: Single Married Common Law Separated Divorced Widow

EMPLOYMENT HISTORY Last three jobs, beginning with most recent.

Full-Time (30+ hours/wk) Part-time (less than 30 hours/wk) Not Employed

Employer	Occupation	From Date	To Date	Hours Per Week	Wage/Salary	Hour/Month/Week

EDUCATION AND TRAINING

Qualification	Institution	Name of Program and Country	Start Date	End Date	Distance E-Learning Full/Part Time
Last Grade Completed <input style="width: 50px; height: 20px;" type="text"/>					
<input type="checkbox"/> College Entrance					
<input type="checkbox"/> 1 year Certificate					
<input type="checkbox"/> 2 year Diploma					
<input type="checkbox"/> Applied Degree					
<input type="checkbox"/> Bachelor's Degree					
<input type="checkbox"/> Master's Degree					
<input type="checkbox"/> Doctoral Degree					
Apprentice <input type="checkbox"/> 1 st year <input type="checkbox"/> 2 nd year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th year					
<input type="checkbox"/> Journeyman					

My Goal is: Employment Determining a Career Goal Career Change or Transition Education/Training

Occupation	Preferred job Title	Targeted Industry	# Years of Experience