



Ce formulaire est aussi disponible en français

FOR SERVICE PROVIDER ONLY									
Client Reference Number									

Staff is available to help you complete this form

PROFILE

Last name			First name			Middle Initial		
Preferred official language of service <input type="checkbox"/> English <input type="checkbox"/> French			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed			Date of birth (day/month/year)		
Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other :								
Primary mailing address Unit/Suite/Apt Address (Street number and name) City Province Postal code								
Telephone <input type="checkbox"/> Home <input type="checkbox"/> Mobile			Telephone (other, if available) <input type="checkbox"/> <input type="checkbox"/> Mobile			Best time to contact <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
E-Mail address:								
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a Social Insurance Number (SIN)? <input type="checkbox"/> Yes <input type="checkbox"/> No			If you do not have a SIN number, have you applied for one? <input type="checkbox"/> Yes <input type="checkbox"/> No		

WORK HISTORY

Have you had paid employment in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you had paid employment outside of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List below your work experience. Start with the most recent paid job (including SJS experience)								
Name of Employer								
Job Title/Duties								
Industry/Sector <input type="checkbox"/> Service <input type="checkbox"/> Retail <input type="checkbox"/> Primary <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other			Employment Start Date day month year			Employment End Date day month year		
<input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed		WageAmount	Per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> month <input type="checkbox"/> year			Employment Hours per Week		
Reason for leaving								
Name of Employer								
Job Title/Duties								
Industry/Sector <input type="checkbox"/> Service <input type="checkbox"/> Retail <input type="checkbox"/> Primary <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other			Employment Start Date day month year			Employment End Date day month year		
<input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed		WageAmount	Per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> month <input type="checkbox"/> year			Employment Hours per Week		
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<input type="checkbox"/> Employee <input type="checkbox"/> Self-Employed		WageAmount	Per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> month <input type="checkbox"/> year			Employment Hours per Week		
Reason for leaving								

EDUCATION**Highest completed level of formal education**

High School		Community College		University		<input type="checkbox"/> Trade certificate/ professional accreditation
<input type="checkbox"/> Grade 0 - 8	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	
<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 12 (or equivalent)	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4	
<input type="checkbox"/> Grade 10	<input type="checkbox"/> OAC					<input type="checkbox"/> Post graduate

Country in which highest level of education was attained? Canada Other specify :

Have you participated or do you participate in the Ontario Youth Apprenticeship Program (OYAP) Yes No

Are you returning to school? Yes No

EMPLOYMENT STATUS

Are you employed now? Yes No

If "Yes", how many hours per week? _____ hours

If "No", when did you last work? _____ day _____ month _____ year

ADDITIONAL INFORMATION

What are your employment/career goals?

Identify any necessary adjustments or accommodation at a job location, e.g., access and/or equipment needs, that may be required due to a health issue or disability:

What types of work are you interested in doing? *(list by order of preference)*

When are you available to start work? _____ day _____ month _____ year

When do you plan to return to school? _____ day _____ month _____ year

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Type of job	Actual start date day month year	Completion date day month year	Direct hire by employer: <input type="checkbox"/> yes <input type="checkbox"/> No
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NOTICE OF COLLECTION AND CONSENT

Your Service Provider is funded to deliver the SJS under an agreement with the Ministry of Training, Colleges and Universities and is required to verify your eligibility to participate in SJS, your employer's receipt of hiring incentives and your satisfaction with SJS and is required to provide monthly statistical and financial information about the service it provides to you and others. Your Service Provider is also required to make its books and records (including records containing your personal information) available to the Ministry for inspection, investigation or audit.

The personal information that the Ministry indirectly collects about you will be used to administer and finance SJS. **Note:** The Ministry may use contractors and auditors to administer and finance the SJS.

Administration includes

- **assessing the performance of your Service Provider** – its effectiveness, efficiency and customer service results; this includes monitoring, inspecting, investigating, auditing and enforcing your Service Provider's compliance with its agreement with the Ministry.
- **planning, evaluating and monitoring SJS** – this includes conducting surveys; and conducting policy and statistical analysis and research related to all aspects of the SJS. You may be contacted to request your voluntary participation in surveys.
- **Promoting SJS** – you may be contacted to request your voluntary participation in public relations campaigns related to SJS.

The Ministry collects your personal information in accordance with s. 38(2) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. f.31, as amended.

For more information about the collection and use of your personal information to administer and finance SJS, you can write to the Manager, Employment Ontario Hotline, Ministry of Training, Colleges and Universities, 33 Bloor Street East, 2nd Floor, Toronto, Ontario M4W 3H1 or call 1-800-387-5656 or visit <http://www.edu.gov.on.ca/eng/tcu/threeWays.html>.

By signing below, I give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

Signature of Participant: _____ Date: _____

By signing below, I acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purposes.

Signature of Participant: _____ Date: _____

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Proof of eligibility for SJS has been reviewed and verified (check all that apply):

Age 15–30 Unemployed Legally entitled to work in Canada Part-time employment Returning to school in the fall

Not an immediate family member of any officer, director or management staff of the employer Not currently working for the employer