SAULTEAUX ENTERPRISES CLIENT DATA SHEET

A. CLIENT INFORMATION

First Name:	Initial(s):	Last Name:
Social Insurance Number:	Birthdate (day/month/yr):	Phone No.: ( )
☐ Off-reserve ☐ On-reserve	House Number:	Messages: ( )
City/Town:	Province:	Postal Code:

B. LABOR FORCE ATTACHMENT

☐ Employed ☐ Not Employed ☐ Student Source Of Income:

Type of Income Benefit	☐ Employment Insurance	☐ Social Assistance	☐ Family Benefits
	☐ Quebec Pension Plan-D	☐ Quebec Pension Plan	☐ No Income
	☐ Settlement Support	☐ Worker's Compensation	☐ Private Insurance
	☐ Canada Pension Plan-D	☐ Other describe:	

C. CHARACTERISTICS

Language: ☐ English ☐ French ☐ Other (please state):

Specify Sex: ☐ Male ☐ Female	Referred By:
Aboriginal Group: ☐ Status ☐ Non-Status ☐ Inuit ☐ Metis	Registered Aboriginal ☐ Off-reserve ☐ On-reserve
First Nation:	Band Number (10 digit Band #):
Visible Minority: ☐ Yes ☐ No	Marital Status: ☐ Married ☐ Single ☐ Equivalent
Number of Dependants & Ages:	Willingness to Relocate: ☐ Yes ☐ No
Transportation: License ☐ Yes ☐ No Type:	Access to Transportation: ☐ Yes ☐ No

Resume Attached: ☐ Yes - attached ☐ No ☐ Will follow ☐ On-file

D. EDUCATION

HIGHEST LEVEL OF EDUCATION (Choose one only)	☐ Grade 1–8	☐ Grade 11	☐ Post Secondary	☐ Bachelor's Degree
	☐ Grade 9	☐ Grade 12	☐ Institute of Technology	☐ Master's Degree
	☐ Grade 10	☐ Grade 13	☐ Certificate	☐ Doctorate Degree

Year Completed:	Province:

Certificates or Diplomas Obtained:

Other Training and Skills:

Other Information: License/Trade Certificate:	Union/Prof. Association:

E. WORK HISTORY

CURRENT/LAST EMPLOYMENT — Employer Name:

Job Title: — Employed from (day/month/year): to:

Job Description (Duties):

Reason for leaving: Items of various "REASON FOR LEAVING" that you may choose (for the employment sections)

☐ Accepted another job	☐ Fired	☐ Retired	☐ Business closure	☐ Illness
☐ Returned to school	☐ Conflict of interest	☐ Incarceration	☐ Shortage of work	☐ Downsizing
☐ Moved	☐ Strike or lockout	☐ End of Contract	☐ Pregnancy	☐ End of seasonal work
☐ Project completed	☐ Other			

FIRST PREVIOUS EMPLOYMENT — Employer Name:

Job Title: — Employed from (day/month/year): to:

Job Description (Duties):

Reason for leaving:

SECOND PREVIOUS EMPLOYMENT — Employer Name:

Job Title: — Employed from (day/month/year): to:

Job Description (Duties):

Reason for leaving:

F. EMPLOYMENT SOUGHT

Work Preference 1:	Organization:
Work Preference 2:	Organization:

G. CERTIFICATION AND RELEASE OF INFORMATION

I certify that the information given above is true, correct and complete in every respect and I understand it may be subject to verification. I hereby authorize Saulteaux Enterprises (LDM) to exchange information with HRDC and other funding sources in relation to my eligibility for programs and/or for income support and allowances.

_____ _____

Participant Signature **Date**