Employment and Training Client Registration Form C2 Self-Employment



Kanesatake Employment & Training Service Center 14-C Joseph Swan Road Kanesatake, QC, J0N 1E0 Tel.:(450)479-8373 ext: 301 Fax : (450)479-1103 E-mail : <u>ketsc@kanesatake.ca</u>

SECTION A: PERSONAL INFORMATION			
First Name: Last Name:			
Kanien'kéha Name: Middle Name:			
Gender: Male Female Date of Birth: (yyyy/mm/dd)			
Full Address			
Social Insurance Number: 10-Digit Band Number:			
Phone Number (Home): _ _ Email Address:			
Phone Number (Cell): _ Mother's Full Name:			
Phone Number (Work): _ _ Father's Full Name:			
Marital Status: Single Married Common Law Divorced Separated Widowed			
Spouse's Full Name: Is your spouse employed? Yes No			
Name of Spouse's Employer: Number of hours per week employed:			
Do you have a valid Driver's License? Yes No Do you own your own transportation? Yes No			
Type of License:			
□ Class 1 (All heavy vehicles) □ Class 2 (Bus with more than 24 passengers) □ Class 3 (Truck over4500 kg with 2 axels or any truck with 3 or more axels) □ Class 4A (Emergency vehicles) □ Class 4B (Buss or minibus with 24 passengers or less) □ Class 4C (Taxi) □ Class 5 (Vehicle under 4500 kg with 2 axels – Standard license) □ Learner's Permit			
Languages: Check and rate your abilities on a scale of 1 – 5 (1 = poor; 5 = fluent) Language(s)Spoken: Kanien'kéha English French Language(s) Written: Kanien'kéha English French Language(s) Read: Kanien'kéha English French			
Language of desired correspondence: English or French			
SECTION B: INCOME			
Are you currently employed? Yes No Name of Employer:			
Employer's Address: Employer's Number: -			
Indicate number of hours employed each day:			
SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY	[
Do you plan on reducing your number of hours working if approved for funding? No Yes # of Hours			
Social Assistance Employment Insurance Post-Secondary Funding			
Other sources of income: Other No Source of Income			
Have you collected Employment Insurance (EI) within the last 3 years? Yes No			

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SECTION C: EMPLOYMENT HISTORY						
Name of Employer	Occupation/Job Title		Dates of Employment (yyyy-mm-dd)			
					1	to
					1	to
					1	to
	SECTION D: ACADEMIC	HIST	ORY			
High School Attended	Level/Grade Completed		Diploma	a Grante	d?	Last Year Attended
		Ye	s	No		
		Ye	s	No		
Post-Secondary Schooling	Program/Concentration		loma /C anted?	ertificate		Last Year Attended
		Ye	s	No		
		Ye	s	No		
Vocational Schooling	Program		Diploma/Attestation Granted?			Last Year Attended
		Ye	s	No		
		Ye	s	No		
List any other additional tra	ining or certification:					·
What subjects did you exce	el at in school?					
What subjects did you have	e difficulty with?					
Do you identify with any so Explain:	rt of disability (physical, mental, learr	ing)'	? Yes	No		
	SECTION E: DEPEND	ENT	S			
List dependents living with you under the age of 18 whom you financially support .						
Dependent's Full Name:	Date of Birth:(yyyy-mm-dd)	С	urrent a	age:	Re	lationship to you:

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SECTION F: ADDITIONAL INFORMATION		
Do you have a criminal record, or have you ever been convicted of a criminal offence for which you have been		
granted a pardon and such pardon has been revoked? Yes No SECTION G: SELF- EMPLOYMENT OPTION		
	neck the three (3) most important aspects in order of priority.	
Being my own boss	Running a family business	
Independence	Attractive earnings	
Working from home	The possibility of looking after my family while at work	
Working in an area that appeals to me	Meeting a need in my community	
Flexible working hours	The capacity to free myself from S.A. and E.I.	
Other: (explain reason(s)		
What assistance do you need in setting up your (Check off the relevant elements)	r business or becoming a self-employed worker?	
	Assistance in finding the necessary funds to defray start	
Training on how to set up a business	-up costs	
Training on how to manage a business	Assistance in making business contact	
Training in accounting/bookkeeping	Assistance in making a business plan	
Training on how to acquire a specific skill	Individual sessions in entrepreneurship counselling	
Other reason(s) Explain:	Explain:	
SECTION H: BUSINESS INFORMATION		
If you have an idea for your business, develop i		

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Indicate the steps you have taken to become a self-employed worker.
Do you have the skills and/or experience needed to implement your business project? Yes No
Explain:
Make a list of the business development training workshops you've attended or entrepreneurship counselling
sessions that you have attended. Provide a short description after each heading, as needed.
sessions that you have attended. I forde a short description after each fieldung, as needed.
Do you have any concerns or worries about setting up your business?
Additional comments regarding the establishment of your business?

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SECTION I: PERSONAL ASSESSMENT		
Annual Income:	Gross (\$):	Source of Income:
Employment:	Employment Insurance:	Social Assistance:

PERSONAL ASSETS What you own			
Item	Description	Value (\$)	
Vehicles (including ATV's, tractors etc.)			
Boat			
House			
Cottage			
Land			
Other (<i>please specify</i>):			

PERSONAL LIABILITIES (What you owe)			
ltem	Description	Value (\$)	
Personal loan			
Mortgage or Rent			
Special loan			
Credit card			
Credit card			
Credit card			
Other (<i>please specify</i>):			

I hereby certify that the information provided above is, to the best of my knowledge, true and exact.			
Client initial			
SECTION	I J: DOCUMENTS NEEDED		
Please sup	ply the following documents:		
Copies of the following documents			
Band card	Proof of Other Income		
Birth certificate			
 Social Insurance Number(SIN) 			
 School transcript (Most recent) 			
Cheque specimen for direct deposit			
Proof of residency			
 Drivers license (If applicable) 			

*Note: Incomplete forms will not be accepted

	SECTION K: DECLARATION
Service Center can be shared and di Department, the Kanehsatake Educat Commission of Quebec, or any school determining program/funding eligibility all the information provided to the Kan true to the best of my knowledge. I an	ation provided herein to the Kanesatake Employment and Training scussed with the MCK Social Development Program, the Membership on Centre, the First Nations Human Resource Development I wish to attend, for the purpose of verification of information; to aid in statistical analysis and program design. I hereby declare that resatake Employment and Training Service Centere is accurate and aware that providing false information may result in the suspension or and/or service from the Kanesatake Employment and Training
	Client Initials
Client Signature:	Date:

SECTION K: FOR KETSC OFFICE USE ONLY

Entered into ALMASS on:

KETSC Representative:

Has client previously accessed KETSC/URBAN	funding? Yes No
If Yes, what year?	What measure?

Career Cruising: Yes No Date:		
Notes:		
Employabil	ty/Training Measure	
□ Vocational Training: B1	□General Academic Upgrading B2	
□ On the Job Training: B3	□ Job Creation: C 1	
□ Assistance for Self-Employment C2	□ Youth Initiative	
Start of Measure:		
□ Fall	□ Winter	
	□ Summer	

KETSC Representative Signature

Date



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Notes for filling out this file

- 1. Click on any form and start typing to enter your information
- 2. Date fields have a calendar you can use to choose the date. Click on the down arrow that appears when you select the field
- 3. You may ignore the signature fields to sign them at KETSC offices
- 4. If you do not know how to fill out a specific field the Employee Counsellor at KETSC will help you complete the form during your appointment with them
- 5. There is a Print button at the top of this form. Click on it to open the print dialog box to print the document
- 6. There is a Clear Form button at the top of this form. Click on it to remove ALL the Information you filled in

Options for submitting this file before your appointment

You have multiple options to make your appointment go quicker by filling out this form before your appointment with your employment counsellor, they are as follows:

- Fill out this form as completely as you can, save the file and email it to <u>ketsc@kanesatake.ca</u> using the form title as the subject so the employment counsellor has access to the forms you filled out before your appointment.
- 2. Fill out this form as completely as you can and print this document and bring it in when you come in for your appointment
- 3. If you are familiar with Adobe PDF files and Digital signature you may digitally sign your document and email it to ketsc@kanesatake.ca

If you require additional help with Adobe PDF or would like to learn more, you can click on the following link.

https://helpx.adobe.com/ca/acrobat/using/filling-pdf-forms.html