

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) Age: _____	
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"/> Home <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		Wage Amount		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	
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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		Wage Amount		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"/> Grade 0 – 8	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Trade certificate/ professional accreditation
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4	
<input type="checkbox"/> Grade 12 (or equivalent)	<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	Completion date	Direct hire by employer:
	_____ day _____ month _____ year	_____ day _____ month _____ year	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE OF COLLECTION AND CONSENT

Your Service Provider delivers Summer Jobs Service (SJS) under an agreement with the Ministry of Training, Colleges and Universities (Ministry) and is required to make its books and records available to the Ministry for inspection, investigation or audit. Your Service Provider is also required to report to the Ministry on:

- the service it tailors and provides to you
- your employment progress and outcomes, including information received from your employer
- your satisfaction with the service you receive.

The Ministry will use your personal information to administer and finance SJS. The personal information reported by your Service Provider will be recorded in the Ministry's Employment Ontario Information System (EOIS). EOIS is used by Service Providers and the Ministry to support the administration and financing of Employment Ontario programs and services, including SJS. **Note:** The Ministry may use contractors, auditors and other third party administrators to administer and finance Employment Ontario programs and services.

Administration includes

- **assessing the performance of your Service Provider** – its effectiveness, efficiency and customer service results; monitoring, inspecting, investigating, auditing and enforcing your Service Provider's compliance with its agreement with the Ministry.
- **planning, evaluating and monitoring Employment Ontario programs and services** – this includes conducting surveys; and conducting policy and statistical analysis and research related to all aspects of Employment Ontario, including SJS. SJS is partly funded by Canada under the Labour Market Agreement between Canada and Ontario (LMA). Under the LMA the Ministry is required to report to Canada about the results of SJS and to evaluate and review SJS. You may be contacted to request your voluntary participation in surveys, individually or as part of a group.
- **promoting Employment Ontario** – You may be contacted to request your voluntary participation in public relations campaigns related to Employment Ontario.

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 contact the Manager, Employment Ontario Hotline, in writing at the Ministry of Training, Colleges and Universities, 33 Bloor Street East, 2nd Floor, Toronto ON M4W 3H1 or by phone at 1-800-387-5656. <http://www.tcu.gov.on.ca/enq/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