



APPLICATION FOR PRE-EMPLOYMENT ASSISTANCE Identification of CLFN Applicant

Date: _____

Complete All Applicable Information

(If Non-Status, please indicate First Nation Descent)

CLIENT INFORMATION

Name: _____
(Last) (First) Initial

Band No. _____

SIN: _____

First Nation: _____

Address: _____

Province: _____

Postal Code: _____

Status ☐ Status ☐ Inuit
☐ Non-Status ☐ Metis
☐ Non-Native ☐ Other

Home Phone Number: _____

Other Number (Cell): _____

Email Address: _____

Date of Birth: _____
(Day) (Month) (Year)

Residency: ☐ On Reserve
☐ Off Reserve

Sex: ☐ Female ☐ Male

Language: Spoken _____ Written _____

☐ English ☐ French ☐ First Nation/Inuit ☐ Other (Please Indicate) _____

Section A: Social/Cultural Marital Status

☐ Single ☐ Married/Common Law ☐ Divorced

No of Dependents: _____

Ages of Dependents: _____

Section B: Self-Identifiable Disability

☐ Yes ☐ No

If Yes, Describe: ☐ Physical Disability – (Mobility, Visual, Hearing Impaired) _____
☐ Learning Disability – (Dyslexia, FAS, Sub-Average Intellect) _____
☐ Emotional Disability – (Depression, Schizophrenia) _____

Section C: Primary Income Status

Employment Barriers

- ☐ Employed – Full Time
- ☐ Employed – Part Time
- ☐ Employment Insurance (EI Benefits)
- ☐ Workers Compensation
- ☐ Ontario Works (Social Assistance)
- ☐ Family Benefits
- ☐ Self Employment
- ☐ No Income
- ☐ Other: _____

- ☐ Mobility/Lack of Transportation
- ☐ Lack of Child Care
- ☐ Literacy/Numeracy
- ☐ Education
- ☐ Age
- ☐ Lack of Skills/Experience
- ☐ Disability
- ☐ Other: _____

Section D: Transportation

Do you have a valid Driver's License? ☐ Yes ☐ No Class: _____

Do you have access to transportation? ☐ Yes ☐ No

Are you willing to relocate? ☐ Yes ☐ No

Section E: Education

Highest Level Completed: _____

- ☐ No Formal Education ☐ Primary ☐ Secondary
- ☐ Trade School ☐ Post Secondary ☐ GED
- ☐ Other: _____

Discipline/Program of Study: _____ Year Completed: _____

Certificate or Diploma Obtained: Yes No Province of Education: _____

Section F: Please list your employment search plan (Example: Job Boards, Newspaper Ads, Personal Referral, Internet, etc.) to date.

Section G: Other Assistance

Have you received financial assistance from the CLFN Pre Employment Program within the last year?

☐ Yes ☐ No

If yes, please provide details of financial support:

Has financial support been requested from the following Service Organizations:

Service Canada (formerly HRSDC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ontario Works (Social Assistance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please indicate the contact person and phone number:

If no, please indicate the reason why the financial request was not granted/denied from the above service:

Section H: Confirmation of Job Offer * Offer of Employment must be Attached to Application**

Name and Address of Employer:

Contact Person:

Telephone Number:

Job Start Date:

Job Title and Wages/Hourly Rate:

Applicant's Declaration

I, _____ hereby declare that the information on this application is true and
(Print Name)
complete to my knowledge. I, _____ understand that a false statement may be a cause of
(Print Name)
denial of this and future applications for Pre-Employment Assistance.

Signature of Applicant

Date

For Office Use Only: (Contact IV Data Entry Completed) ☐ Yes ☐ No Date: _____

APPROVAL

Amount of Funding Request _____

Financial Assistance Recommended ☐ Yes ☐ No

Employment Officer's Comments:

Signature of Approving Employment Officer

Date

Notes:
