

- The Ministère du Travail, de l'Emploi et de la Solidarité sociale requires the personal information that it gathers in order to fulfil its responsibilities under the *Individual and Family Assistance Act*. Failure to provide information could result in the refusal of the requested service.
- The information may also be used for studies, research, surveys and statistical purposes. Access to the information that you provide is restricted to the persons who are authorized to consult it as part of their employment duties.
- When you file your application you must prove your identity by means of a photo ID document issued by a public agency.
- If you need additional information in order to complete the application forms, please contact the **Centre de communication avec la clientèle at 1-877-767-8773** (toll free).

Réservé au Ministère – Numéro de dossier (CP-12)

Please print, using a pen.

**Section 1 – Identification**

|  |   |   |               |  |     |
|--|---|---|---------------|--|-----|
| Last and first names<br><i>according to birth certificate or immigration document</i>  |   | Last name   | Date of birth |  |     |
| First name   |   |   | Year          | Month  | Day |
| If you usually use a name other than the one on your birth certificate or if you were married before April 2, 1981, and use your spouse's last name or both last names, enter it/them. |   | Last name   |               |  |     |
|  |   | First name  |               |  |     |
| Social insurance number  |   | Expiry date (for numbers beginning with 9)  |               |  |     |
| Year   |   | Month   |               | Day  |     |
| Sex  | <input type="checkbox"/> Female <input type="checkbox"/> Male | Language of correspondence  |               | <input type="checkbox"/> French <input type="checkbox"/> English |     |
| Were you born in Québec? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | ▶ If Yes, provide your mother's name as entered on your birth certificate.  |               |  |     |
|  |   | Last name   |               |  |     |
|  |   | First name  |               |  |     |
| Marital status   |   | <input type="checkbox"/> Single <input type="checkbox"/> Married or civil union <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated (no judgment) |               | Year   |     |
|  |   | <input type="checkbox"/> De facto spouse <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Divorced or civil union dissolved                               |               | Month  |     |
|  |   |   |               | Day  |     |
|  |   | Enter the date of separation.   |               |  |     |
| <b>Are you a Canadian citizen?</b>   |   |   |               |  |     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ▶ If No, are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No                               |   |   |               |  |     |
| ▶ If No, are you a refugee protection claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |               |  |     |
| ▶ If No, have you obtained the status of refugee, protected person or person in need of protection? <input type="checkbox"/> Yes <input type="checkbox"/> No                           |   |   |               |  |     |
| <input type="checkbox"/> Other situation (specify)   |   |   |               |  |     |
| If you were born outside Canada, give your country of birth.   |   | Date of arrival in Canada   |               | Year   |     |
|  |   |   |               | Month  |     |
|  |   |   |               | Day  |     |

**Section 2 – Home address**

|        |             |                                    |                              |        |
|--------|-------------|------------------------------------|------------------------------|--------|
| Number | Street      | Apartment                          | Telephone (even if unlisted) |        |
|        |             |                                    | Area code                    | Number |
| City   | Postal code | Other telephone (even if unlisted) |                              |        |
|        |             | Area code                          | Number                       |        |

**Section 3 – Current situation**

|   |  |   |  |                |
|---|--|---|--|----------------|
| Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If Yes, specify <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time                                   |  | Target diploma |
| If No, indicate the last year of studies completed.   |  |   |  |                |
| Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |                |
| If Yes, specify the type of employment.   |  |   |  |                |
| <input type="checkbox"/> Full-time (30 hours or more per week) <input type="checkbox"/> Part-time (under 30 hours per week) <input type="checkbox"/> On call <input type="checkbox"/> Self-employed |  |   |  |                |
| Spoken languages  |  | Written languages   |  |                |
| <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other (specify)   |  | <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other (specify)               |  |                |
| Do you have dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | If Yes, how many?   |  |                |
| Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Are you the head of a single-parent family? <input type="checkbox"/> Yes <input type="checkbox"/> No                    |  |                |
| If Yes, give your due date.   |  | Year  |  |                |
|   |  | Month   |  |                |
|   |  | Day   |  |                |
| Do you have a physical, intellectual or mental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If Yes, specify.  |  |                |
| Do you consider yourself to be a Native person (of Inuit or Amerindian descent)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If Yes, are you an  |  |                |
| <input type="checkbox"/> Amerindian living on a reserve <input type="checkbox"/> Amerindian not living on a reserve <input type="checkbox"/> Inuk   |  | You can help Emploi-Québec meet your employment needs by answering the following question.                              |  |                |
|   |  | Do you consider yourself to be a member of a visible minority? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                |

**Section 4 – Payment method – Direct deposit**

Please provide a blank personal cheque, marked "VOID", for the account where the amounts are to be deposited.

If you do not have cheques, please submit a document from your financial institution containing the same information.

Check this box if you do not want to sign up for direct deposit.

Under the Act respecting Access to documents held by public bodies and the Protection of personal information, all of the personal information provided on this form is confidential.

You are entitled to be informed about the information concerning you held by the Ministère du Travail, de l'Emploi et de la Solidarité sociale, to receive such information and to request corrections by contacting the person in charge of access to documents and the protection of personal information.

**Section 5 – Solemn affirmation**

I solemnly affirm that the information provided on this application form is accurate and complete.

I agree to inform the Ministère du Travail, de l'Emploi et de la Solidarité sociale immediately of any change in this information.

Date

Signature

Réservé au Ministère

Date

Authentication

- The Ministère du Travail, de l'Emploi et de la Solidarité sociale requires the personal information that it gathers in order to fulfil its responsibilities under the *Individual and Family Assistance Act*. Failure to provide information could result in the refusal of the requested service.
- The information may also be used for studies, research, surveys and statistical purposes. Access to the information that you provide is restricted to the persons who are authorized to consult it as part of their employment duties.
- When you file your application you must prove your identity by means of a photo ID document issued by a public agency.
- If you need additional information in order to complete the application forms, please contact the **Centre de communication avec la clientèle at 1-877-767-8773** (toll free).

Réservé au Ministère – Numéro de dossier (CP-12)

Please print, using a pen.

**Section 1 – Identification**

|  |   |  |  |  |   |            |                               |  |            |               |       |       |     |
|--|---|--|--|--|---|------------|-------------------------------|--|------------|---------------|-------|-------|-----|
| Last and first names<br><i>according to birth certificate or immigration document</i>  |   | Last name  |  |  |   | First name |                               |  |            | Date of birth | Year  | Month | Day |
| If you usually use a name other than the one on your birth certificate or if you were married before April 2, 1981, and use your spouse's last name or both last names, enter it/them. |   | Last name  |  |  |   | First name |                               |  |            | Year          | Month | Day   |     |
| Social insurance number  |   | Expiry date (for numbers beginning with 9)                                 |  |  | Year  | Month      | Day                           |  |            |               |       |       |     |
| Sex  | <input type="checkbox"/> Female <input type="checkbox"/> Male   | Language of correspondence   |  | <input type="checkbox"/> French <input type="checkbox"/> English |   |            |                               |  |            |               |       |       |     |
| Were you born in Québec? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | ▶ If Yes, provide your mother's name as entered on your birth certificate. |  |  | Last name   |            |                               |  | First name |               |       |       |     |
| Marital status   | <input type="checkbox"/> Single <input type="checkbox"/> Married or civil union <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated (no judgment) | Year   |  |  | Month   | Day        | Enter the date of separation. |  |            |               |       |       |     |
| Are you a Canadian citizen?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |  |  | ▶ If No, are you a permanent resident?  |            |                               | Status confirmed by form IMM 1000 (Immigrant Visa and Record of Landing) or, if you obtained your permanent resident status on or after June 28, 2002, by form IMM 5292 or IMM 5688 (Confirmation of Permanent Residence). |            |               |       |       |     |
|  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |  |  | ▶ If No, are you a refugee protection claimant?   |            |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |               |       |       |     |
|  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |  |  | ▶ If No, have you obtained the status of refugee, protected person or person in need of protection? |            |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |               |       |       |     |
| Other situation (specify)  |   |  |  |  |   |            |                               |  |            |               |       |       |     |
| If you were born outside Canada, give your country of birth.   |   | Date of arrival in Canada  |  |  | Year  | Month      | Day                           |  |            |               |       |       |     |

**Section 2 – Home address**

|        |        |             |           |                                    |        |
|--------|--------|-------------|-----------|------------------------------------|--------|
| Number | Street |             | Apartment | Telephone (even if unlisted)       |        |
|        |        |             |           | Area code                          | Number |
| City   |        | Postal code |           | Other telephone (even if unlisted) |        |
|        |        |             |           | Area code                          | Number |

**Section 3 – Current situation**

|   |  |   |                   |   |   |   |  |
|---|--|---|-------------------|---|---|---|--|
| Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If Yes, specify   |                   | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time   | Target diploma  |   |  |
| If No, indicate the last year of studies completed.   |  |   |                   |   |   |   |  |
| Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | If Yes, specify the type of employment.   |                   |   |   |   |  |
|   |  | <input type="checkbox"/> Full-time (30 hours or more per week)  |                   | <input type="checkbox"/> Part-time (under 30 hours per week)  | <input type="checkbox"/> On call  | <input type="checkbox"/> Self-employed  |  |
| Spoken languages  |  | <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other (specify)   | Written languages |   | <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other (specify) |   |  |
| Do you have dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | If Yes, how many?   |                   | Are you the head of a single-parent family? <input type="checkbox"/> Yes <input type="checkbox"/> No                    |   |   |  |
| Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Year  |                   | Month   | Day   | Does your state of health allow you to work? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   |  | If Yes, give your due date.   |                   | If No, why not?   |   |   |  |
| Do you have a physical, intellectual or mental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No                       |  | If Yes, specify.  |                   |   |   |   |  |
| Do you consider yourself to be a Native person (of Inuit or Amerindian descent)? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | If Yes, are you an  |                   | You can help Emploi-Québec meet your employment needs by answering the following question.                              |   |   |  |
|   |  | <input type="checkbox"/> Amerindian living on a reserve <input type="checkbox"/> Amerindian not living on a reserve <input type="checkbox"/> Inuk |                   | Do you consider yourself to be a member of a visible minority? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |  |

**Section 4 – Payment method – Direct deposit**

Please provide a blank personal cheque, marked "VOID", for the account where the amounts are to be deposited.

If you do not have cheques, please submit a document from your financial institution containing the same information.

Check this box if you do not want to sign up for direct deposit.

Under the Act respecting Access to documents held by public bodies and the Protection of personal information, all of the personal information provided on this form is confidential.

You are entitled to be informed about the information concerning you held by the Ministère du Travail, de l'Emploi et de la Solidarité sociale, to receive such information and to request corrections by contacting the person in charge of access to documents and the protection of personal information.

**Section 5 – Solemn affirmation**

I solemnly affirm that the information provided on this application form is accurate and complete.  
I agree to inform the Ministère du Travail, de l'Emploi et de la Solidarité sociale immediately of any change in this information.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Réservé au Ministère**

Date \_\_\_\_\_

Authentication \_\_\_\_\_