

The information that you provide will enable the personnel of the Ministère du Travail, de l'Emploi et de la Solidarité sociale to help you choose the most effective ways to enter and remain in the labour market.

Reason you are applying for services:

- Employment assistance Referred by an employer or organization
 Return to school Other (specify) _____

Complete the white spaces. Please print, using a pen.

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

Section 1 – Identification

| | | | | | | | | | | |
|---|------------|--|--|--|--|---------------|--|------|-------|-----|
| Last and first names <i>according to birth certificate or immigration document</i> | Last name | | | | | | | | | |
| | First name | | | | | Date of birth | | Year | Month | Day |

Section 2 – Current situation

Do you receive benefits? Yes No Employment insurance Québec Parental Insurance Plan
 If Yes, specify which benefits. Other (CNESST, SAAQ, Retraite Québec, loans and bursaries, etc.) (specify) _____

Section 3 – Education Choose the last year of studies successfully completed for each education level and enter the necessary information

| Education level | Number of years completed | Specialization | Diploma obtained | End of studies |
|---|---------------------------|----------------|--|----------------|
| Elementary | | | | Y Y Y Y M M |
| Secondary General Vocational Semi-specialized trade | | | DES AEP DEP ASP <input type="checkbox"/> | Y Y Y Y M M |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Y Y Y Y M M |
| | | | | Y Y Y Y M M |
| College General or technical | | | DEC AEC CEC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Y Y Y Y M M |
| | | | CERT BAC MA DOC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Y Y Y Y M M |
| University | | | | Y Y Y Y M M |

Indicate any other employment-related training (computer course, language course, etc.). Course ended

| | |
|----------------|-----------|
| Course name(s) | Y Y Y Y Y |
| | Y Y Y Y Y |

If you studied abroad, indicate your specialization and the number of years successfully completed. Number of years completed

Specialization (if applicable) _____

Section 4 – Work experience

Have you worked in the past? Yes No If Yes, enter your work experience, starting with the most recent.

| | | | | | | | | | | |
|--------------|-------------|------|-------|-----|----|------|-------|------------------------------|-------------------|----------------|
| Job 1 | Employer | | | | | | | Reason for end of employment | | |
| | From | Year | Month | Day | to | Year | Month | Day | Earnings per week | Hours per week |
| | Position | | | | | | | | | |
| | Main duties | | | | | | | | | |
| Job 2 | Employer | | | | | | | Reason for end of employment | | |
| | From | Year | Month | Day | to | Year | Month | Day | Earnings per week | Hours per week |
| | Position | | | | | | | | | |
| | Main duties | | | | | | | | | |

Section 5 – Qualifications

Do you have a driver's licence? Yes No If Yes, give the class. _____

Do you hold one or more competency cards? Yes No If Yes, specify _____

Are you a member of a professional order? Yes No If Yes, specify _____

If you studied abroad, have you obtained an Évaluation comparative des études faites hors Québec (comparative assessment), issued by the Ministère de l'Immigration, de la Diversité et de l'Inclusion? Yes No

If Yes, specify
 • the field _____
 • the level of studies completed _____

Section 6 – Target employment

Are you available for work? Yes No If Yes, specify full-time part-time days evenings nights
 If No, explain why not _____

Do you have any functional limitations due to employment injuries (e.g., a work accident)? Yes No
 If Yes, specify _____

You can help us meet employment needs by answering the following question. Do you have a criminal record? Yes No

Target jobs

1. _____ For this job, I have experience.

2. _____ For this job, I have experience.

Where would you be prepared to work? your local area your region other (specify) _____

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.

By virtue of the Canada-Québec Labour Market Agreement (Implementation), certain information contained in your file may be provided to Service Canada or Employment and Social Development Canada.

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 7 – Solemn affirmation

I solemnly affirm that the information provided on this application form is accurate and complete.
 I agree to inform the Ministère immediately of any change in this information, including information about the date of my return to work.

Date _____ Signature _____

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| | From | Year | Month | Day | to | Year | Month | Day | Earnings per week | Hours per week |
| | Position | | | | | | | | | |
| | Main duties | | | | | | | | | |
| <input type="checkbox"/> Lack of work <input type="checkbox"/> Dismissed <input type="checkbox"/> Health problem <input type="checkbox"/> Quit <input type="checkbox"/> Changed jobs <input type="checkbox"/> Company shut down <input type="checkbox"/> Birth of or responsibility for a child <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | |
| Job 2 | Employer | | | | | | | Reason for end of employment | | |
| | From | Year | Month | Day | to | Year | Month | Day | Earnings per week | Hours per week |
| | Position | | | | | | | | | |
| | Main duties | | | | | | | | | |
| <input type="checkbox"/> Lack of work <input type="checkbox"/> Dismissed <input type="checkbox"/> Health problem <input type="checkbox"/> Quit <input type="checkbox"/> Changed jobs <input type="checkbox"/> Company shut down <input type="checkbox"/> Birth of or responsibility for a child <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | |

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