



Akwesasne Career & Employment Support Services

PO BOX 965, Cornwall, Ontario K6H 5V1
 Phone: 613-575-2626 | Fax: 613-575-2863
 www.acesjobs.ca

Personal Identification						
First Name:		Middle Initial:		Last Name:		
Primary Phone:		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Email:		
Secondary Phone:		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		S.I.N. #:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				# of Dependents (18 & under):		
Date of Birth (MM/DD/YYYY):				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
Name of Band: <input type="checkbox"/> MCA <input type="checkbox"/> MNCC <input type="checkbox"/> Other _____				Residency: <input type="checkbox"/> On-Reserve <input type="checkbox"/> Off-Reserve		
Indigenous Group: <input type="checkbox"/> Registered Indian <input type="checkbox"/> Non-status Indian <input type="checkbox"/> Other				Registry No.:		
Language(s) Spoken: <input type="checkbox"/> English Only <input type="checkbox"/> Native Language Only <input type="checkbox"/> Both <input type="checkbox"/> Other _____						
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Identified			Disability Type:			
Residency Address			Canadian Mailing Address			
Address 1:			<i>(Only answer if different than Residency Address)</i>			
Address 2:			P.O. Box/Address:			
City/Town/Village:			City/Town/Village:			
Province/State:		Postal Code:	Province/State:		Postal Code:	
Emergency Contact						
Contact Name:			Contact Phone:			
Relationship to Contact:						
Employment			Current Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Student			
Income Source: <input type="checkbox"/> Employed <input type="checkbox"/> Employment Insurance (EI) <input type="checkbox"/> Maternity/Paternity Leave <input type="checkbox"/> Other _____						
<input type="checkbox"/> Social Assistance/Caseworker Name: _____						
Collected Employment Insurance in Canada in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, weekly rate:		
Assistance Required (<i>How can we help you?</i>): <input type="checkbox"/> Resume/Cover Letter <input type="checkbox"/> Job Search <input type="checkbox"/> Training <input type="checkbox"/> Reimbursement <input type="checkbox"/> Other						
What type of employment do you seek? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Self-Employment						
Driver's Information						
Do you have a License? <input type="checkbox"/> Yes <input type="checkbox"/> No			Province/State:			
Education Level <i>(please list your highest level of education only)</i>						
Level of Degree: <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD/Doctorate <input type="checkbox"/> Other _____						
Institute Name:			Degree/Area of Study:			
City/Town:			Completion Date:			
Other Certificates / Trades						
Certificate / Trade		Level	Specialization		Years of Exp.	
1						
2						
Current Employment						
Employer			Job Title			
1						
Previous Employment						
Employer		Job Title	Rate of Pay	Start Date	End Date	Reason for Leaving
1						
2						

Training / Employment Support

Institute / Employer Name:		Course / Position Title:	
Address:		Contact Name:	
Contact Email:	Phone:	Fax:	

Declaration: I hereby declare the information is true and may be subject to verification.

Applicant Signature: _____ Date: _____

Officer signature: _____ Date: _____

Consent for Collection, Use and Disclosure of Personal Information

Prior to collecting or compiling any personal information, if you are seeking assistance from the Akwesasne Career & Employment Support Services (ACCESS) or receiving assistance under its programs, you are hereby informed of the purpose for which this personal information is being collected and compiled.

This information is for use by ACCESS and Service Canada to:

- Determine eligibility to receive services from ACCESS;
- Assist in verifying eligibility for employment insurance benefits;
- Ensure clients who are actively receiving benefits continue to receive them while participating on an ACCESS program;
- Assess and evaluate ACCESS activities;
- To contact other agencies identified below in order to determine possible cost-sharing partnerships; and
- To contact individuals to verify information and follow-up.

I, _____, hereby provide my consent as may be required by the ACCESS and Service Canada to collect, use and possibly disclose for the purposes as stated above, information to the following agencies:

(PRINT NAME)

- Employment and Social Development Canada
- Community Support Program (MCA/SRMT)
- Economic Development Program (MCA/SRMT)
- Ahkwesahsne Mohawk Board of Education (MCA)
- Higher Education (SRMT) – Any Educational/Training Institution that an ACCESS client is attending
- Saint Regis Mohawk Tribe – Tribal Vocational Rehabilitation Program (TVR)
- Ontario Works - Cornwall

ACCESS and Service Canada shall not, in respect of any personal information, use the information for a purpose other than that for which it was provided or disclose the information to any person or body for a purpose other than that for which it is provided except with the consent of the individual to whom the information relates, or the written consent of the party that provided the information, or as required by law. Information which is provided to ACCESS and Service Canada is protected under Canada's Privacy Act and you have a right under the Privacy Act to obtain access to this information from ACCESS and Service Canada.

Signature: _____ Date: _____ Witness: _____

***** FOR OFFICE USE ONLY *****

File #	Start Date	End Date	FY1	FY2	
Budget Code					
Tuition	AMENDMENTS				
TA	Start Date	End Date	FY1	FY2	
DC	1				
Travel	2				
Other	ORG TYPE	OFFICER	NOC	SIC	ACTIVITY
<input type="checkbox"/> CRF <input type="checkbox"/> EI <input type="checkbox"/> Youth <input type="checkbox"/> DISA					



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Mohawk Council of Akwesasne

PART I - Membership Confirmation

Name:	
Date of Birth:	Registry No.:

I have applied to Akwesasne Career & Employment Support Services for funding. ACESS will need additional membership information as listed in Part II before assistance can be determined. When complete, please fax to the ACESS office at 613-575-2863. Thank you.

***** MEMBERSHIP OFFICE USE ONLY *****

PART II - Status of Membership

Member under the Akwesasne Membership Code?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Probationary Member under Akwesasne Membership Code?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expiration Date of Probation:		
Authorizing Signature:		
Date:		

Mohawk Nation Council of Chiefs

PART I - Membership Confirmation

Name:	
Date of Birth:	Tax Exempt No.:

I have applied to Akwesasne Career & Employment Support Services for funding. ACESS will need additional membership information as listed in Part II before assistance can be determined. When complete, please fax to the ACESS office at 613-575-2863. Thank you.

***** MEMBERSHIP OFFICE USE ONLY *****

PART II - Status of Membership

Member under the Mohawk Nation Council of Chiefs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Authorizing Signature:		
Date:		

* If you make a photo copy of your status card(s), front and back, you do not need to fill out this section.*

