



Réservé au Ministère

Numéro de dossier (CP-12)

Section 1 – Reason for application

Are you applying for employment services? Yes No If **yes**, specify the reason for your application.

- Employment assistance Referred by an employer, e.g., subsidy (specify): _____
- Return to school or training Referred by an organization (specify): _____
- Other reason (specify): _____

Are you applying for last-resort financial assistance (social assistance)? Yes No If **yes**, specify the reason for your application.

- Date of event
Year Month Day
- End of full-time studies _____
- Loss of income _____
- Work income Self-employment income Employment insurance
- Other government benefits (QPIP, SAAQ, CNESST, etc.)
- You have had no income for the past 12 months.
- You are waiting for a decision on another application
(Employment Insurance, QPIP, court decision, SAAQ, CNESST, etc.).
- You've just been released from a facility.
- Health care facility Correctional facility
- Your income is insufficient.
- You no longer have a spouse.
- Death Separation Divorce
- You are asking for reimbursement of funeral fees.
- You have had a child or are taking charge of a child.
- You are now living with a spouse.
- You are having health issues.
- Other reason (specify): _____

Section 2 – Identification

Last name _____ First name _____
Last and first name on birth certificate or immigration document.

Date of birth _____ Social insurance number (SIN) _____ Gender Female Male Language of correspondence French English

Year Month Day Year Month Day

If your SIN begins with a 9, specify the expiry date. _____

Marital status Single Common-law spouse Separated, *de facto*

Married or in a civil union Widowed Divorced

Legally separated

Specify the date of separation or death _____

Were you born in Québec? Yes No Last name _____ First name _____

If **yes**, enter the last name and first name of one of your parents. _____

If **no**, are you a Canadian citizen? Yes No

If **no**, are you a permanent resident? Yes No

If **no**, are you a claimant to refugee status? Yes No

If **no**, have you been accepted as a refugee, protected person or person to be protected? Yes No

Other status (specify): _____

If you were born outside of Canada, indicate your country of birth. _____ Arrival date in Canada _____

Year Month Day

You must supply documents confirming your status.

Do you consider yourself Indigenous? Yes No If **yes**, are you an Inuit or member of a First Nation?

Member of a First Nation living in a reserve Member of a First Nation living outside a reserve Inuit

Section 3 – Address

Number _____ Street _____ Apartment _____ Telephone _____

City, town or municipality _____ Postal code _____ Other Telephone _____

Section 4 – Current situation

Are you receiving financial assistance from the government (benefits, allowances, etc.)? Yes No

If **yes**, please specify. Employment-insurance benefits Parental insurance benefits (QPIP) Other assistance (benefits from SAAQ, or CNESST, pension, student loans and bursaries, etc.) (specify): _____

Do you have dependent children? Yes No If **yes**, how many? _____

If you are applying for last-resort financial assistance, please fill the *Appendix – Dependent Children* form.

Are you a single parent? Yes No

Do you have a driver's license? Yes No If **yes**, specify which class. _____

Please answer the following questions to help us best meet your employment needs.

Do you have physical, intellectual or mental disabilities? Yes No If **yes**, specify which disability. _____

Languages, spoken: French English Other _____ Languages, written: French English Other _____

Do you have a criminal record? Yes No Do you consider yourself a member of a visible minority? Yes No

A member of a visible minority is a person, other than Indigenous, who is easily recognizable as having a different ethnic identity or skin color.

Section 5 – Current studies

Are you currently a student? Yes No If **yes**, specify. Full-time Part-time Diploma sought: _____



Section 6 – Education level For each level of education, specify the last completed year of studies and enter the required information.

Level of education	Number of completed years							Training field/program	Degree obtained	End of studies	
	1	2	3	4	5	6	7			Year	Month
Elementary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Secondary General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			DES	AEP	DEP	ASP
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Vocational			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Semi-specialized trade	<input type="checkbox"/>										
College General or technical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					DEC	AEC	CEC	
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CERT	BAC	MA	DOC
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate any relevant training that was successfully completed in a work context (e.g., computer courses, language courses). End date of course(s)

Course title(s): _____ Year _____ Month _____ Day _____

If you studied abroad, please provide the requested information.

Specialty: _____ Number of successfully completed years: _____

Did you obtain a comparative evaluation of your studies abroad from the Ministère de l'Immigration, de la Francisation et de l'Intégration?

Yes Area of training: _____ No

Do you hold one or more certificate of qualification? Yes No If **yes**, which ones? _____

Are you a member of a professional order? Yes No If **yes**, which ones? _____

Section 7 – Employment

Are you employed? Yes No If **yes**, specify which type. Full-time Part-time On call Self-employed

Have you previously been employed? Yes No

If you answered **yes** to one of the questions above, provide the information regarding your last two jobs, starting with your current or more recent one.

Current or most recent position

Name of employer _____

Period from _____ Year _____ Month _____ Day _____ to _____ Year _____ Month _____ Day _____ Weekly salary \$ _____ Hours per week _____

Job title: _____

Main tasks: _____

Reason for end of employment

Quit the job Birth of or responsibility for a child

Changed jobs Health issues

Dismissed Other (specify): _____

Company shut down Lack of work

Other position

Name of employer _____

Period from _____ Year _____ Month _____ Day _____ to _____ Year _____ Month _____ Day _____ Weekly salary \$ _____ Hours per week _____

Job title: _____

Main tasks: _____

Reason for end of employment

Quit the job Birth of or responsibility for a child

Changed jobs Health issues

Dismissed Other (specify): _____

Company shut down Lack of work

Do you have functional limitations following occupational injuries caused, for example, by a workplace accident? Yes No

If **yes**, specify which limitations. _____

Are you available for work? Yes No

If **yes**, specify the type of employment. Full-time Part-time Day Evening Night

If **no**, specify the reason. _____

Name of jobs you are seeking

1 _____

2 _____

Where are you willing to work?

In your community In your region Other (specify): _____

You have experience for this work.

You have experience for this work.

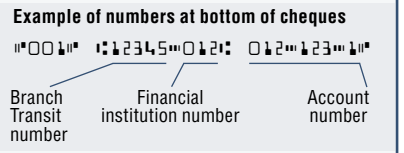
Section 8 – Direct deposit

If you want to benefit from direct deposit, please provide the information requested below. It will allow us to pay your benefits or allowances for all the services that will be provided to you by the Ministère. If you apply for last-resort financial assistance, you must include with this form a blank cheque marked "VOID". If you do not have a blank cheque, your financial institution can provide you with an equivalent document.

Name of your financial institution _____

Address of your branch _____ Postal code _____

Branch transit number _____ Financial institution number _____ Account number and designation number _____ (These numbers are found at the bottom of cheques.)



Section 9 – Solemn affirmation

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

I shall immediately inform the Ministère of any change in my situation, notably to inform them about the date when I return to work or study.

_____ Date _____ Signature _____

Protection of personal information

The personal information collected in this form is necessary to verify your eligibility to programs, measures and services offered by the Ministère de l'Emploi et de la Solidarité sociale under the Individual and Family Assistance Act (CQLR, chapter A-13.1.1) or to determine the amount of financial assistance to which you could be entitled. This information can also be used to conduct studies, research, surveys or to produce statistics. Failing to provide the required information can lead to rejection of your application.

Furthermore, under the Canada-Québec Labour Market Agreement (Implementation), certain information contained in your file may be provided to Employment and Social Development Canada.

Access to personal information is limited to the people authorized to consult it in the performance of their duties. You are entitled to be informed about the information concerning you held by the Ministère de l'Emploi et de la Solidarité sociale, to receive such information and to request corrections. You must contact the person in charge of access to documents and the protection of personal information.

