



his Employment Ontario service is funded in part by the

905-727-3777 / wrora 222 Wellington Street East, Main Floor, ON L4G 1J5

Employment Needs Assessment

Are you Case Managed or registered at another Employment Ontario Centre? ☐ Yes ☐ No				
Last Name	First Name			
Age Category	□ 15 - 19 □ 20 - 29 □ 30 - 44 □ 45+ Fluency in English □ Basic □ Intermediate □ Advanced			
Status in Canada	□ Canadian Citizen □ Permanent Residence □ Other Internationally Trained? □ Yes □ No			
Employment Status	☐ Unemployed ☐ Under Employed ☐ Self-Employed ☐ Employed P/T (Under 20 hours a week) ☐ Full Time Student ☐ Employed			
Employment Goal	Do you have an updated resume ☐ Yes ☐ No			
Years of Experience	ence ☐ No work experience (or less than one week) ☐ 0 - 1 yrs. ☐ 1 - 3 yrs. ☐ 3 - 7 yrs. ☐ 7+ yrs.			
How did you find us? ☐ Friend/Family ☐ OW ☐ Indeed ☐ Service Canada ☐ Sign ☐ Internet ☐ Flyer ☐ Poster ☐ Community Partner/Organization (specify) — ☐ Newspaper Ad (specify) — ☐ Description ☐ Descri				
Income Source	□ Ontario Works (OW) □ Employment Insurance (EI) □ Ontario Disability Support Program (ODSP) □ WSIB □ Family Support □ Crown Ward □ Pension (eg. CPP) □ No Income			
Do you have a disability? ☐ Yes ☐ No If yes, will it have an impact on your employment goal? ☐ Yes ☐ No Please complete if you wish to self-identify as a member of a designated group(s). Your response to these questions is entirely voluntary and will not affect your eligibility. This information will be used by the Government of Ontario and Canada for policy analysis and statistical purposes related to employment programs and services.				
Do you require accommodations when receiving services at RNC / in the workplace?				
If yes, please describe accommodations required				
Have you been convicted of a criminal offense for which a pardon has not been granted? ☐ Yes ☐ No				

Appropriate Use Policy and Agreement

The RNC Employment Services Centre encourages full use of the facilities consisting of Computers/Internet, telephones, faxes, photocopier, audio/visual equipment and reference resource material exclusively for job search activities.

- The client will be asked to provide a valid ID upon registration
- Printed documents and photocopies are restricted to ten (10) pages each per day
- A Client Satisfaction Form must be completed each time you visit the centre
- Phone calls are restricted to within Canada and job search purposes only

To ensure and preserve equitable access to the facilities, computer usage may be limited to ONE hour when the centre is busy and clients are waiting. Use of telephones, faxes and/or photocopier are subject to ongoing monitoring to preserve the integrity of utilization to job search activities only.

Use of the RNC Employment Services Centre is a privilege and not a right. This privilege may be revoked by RNC Management/Staff for any unacceptable use of the facilities or the disruption of business to clients and/or staff. Such action will be at the discretion of Rehabilitation Network Canada Inc. and is non-negotiable. We reserve the right to monitor all technologies concerned for appropriate use.

Unacceptable uses of this centre may include but are not limited to:

- Any use not directly related to job search activities
- Any personal e-mail use
- Any unlawful or malicious behavior or conduct
- Any unauthorized attempt to break into the computer system
- Use of the facilities for personal gain other than job search activities
- · The unsolicited distribution of materials such as advertising
- · Accessing and using any social networking sites on-line
- The removal of reference books or other printed materials from the Centre
- RNC does not and will not pay for the use of any commercial services available on the Internet

I have read and understand the Client Compliance Use Agreement and agree to use the RNC Employment Services facilities strictly for job search activities. I understand that failure to comply can result in the loss of these privileges at the RNC Employment Services Centre. I also agree to complete the required Client Satisfaction Form each time I use the available resources. I further agree that I may be contacted via mail/telephone/e-mail/automated messaging system to determine if I have successfully secured employment or alternatively to personally contact the Centre concerning my employment status.

I also agree that the information provided to RNC Employment Service is accurate and true.

Name (Print)	_ Signature X	Date
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	Informed Cons	ent				
verify information or documents required to confir (i.e. Second Career, Apprenticeships, Self Emplo of Advanced Education and Skills Development. preparing an Employment Service Plan to assist	yment Benefit, and Job Creati I understand that relevant and with labour market re-entry.	nt Services and other Emplo on Partnership) as may be a personal information will be	yment Ontario programs available through the Ministry collected for the purposes of			
I understand that information obtained and collected will be treated as confidential and that only information necessary to receive employment services will be shared with other third parties as may be required. Further, I give consent to any person having such information or documents to release them upon written or verbal request to employees of the Ministry of Advanced Education and Skills Development.						
I understand that I have the right to retract inform individuals who have given informed consent.	I understand that I have the right to retract informed consent and I understand that employment services will only be provided to individuals who have given informed consent.					
This informed consent will remain valid for the du closure, up to securing employment and/or for the (Employment Ontario/MAESD (Ministry of Advance) by MAESD as they may require.	e purposes of 3, 6, 12 month p	ost closure follow up as con	nmunicated to my sponsor			
Resume Submission —————						
I hereby give permission for RNC Employment So positions, placement and training and I authorize	them in advance to do so on i	my behalf to third parties as	may be required.			
I further agree RNC is not liable for any losses re	sulting from same.	☐ YESInitial	s 🗆 NOInitials			
Apprenticeship I commit to providing a copy of my completed Tra Skills Development.	ining Agreement (Apprentices ☐ Applica	ableInitials Not A				
Employment Verification I further authorize RNC Employment Services to employer where Financial Incentives are applicable interview or verified document. I understand this copy of this consent will be released directly to the	secure verification of my emplote by way of requesting pay s information is a requirement to employer concerned to secu	oyment/placement status/protubs directly, written letter or or receive employer financial are same. ☐ YESInitial	n company letterhead, in person			
E-mail, Contact, Outreach/Events I hereby give permission for RNC Employment Somay be helpful / suitable for my job search / revien notifying my Case Manager in writing, mail, e-ma	ervices to forward any job pos w. I understand that I can uns il, phone, or electronic phone	tings, information or marketi subscribe from this e-mail lis contact (follow-up) YESInitial	• .			
Mail, Phone, Automated Messaging, F I hereby give consent for RNC Employment Service reporting by any one or more of the above means	ices to follow-up on my emplo	yment or training status for t	he purposes of statistical s NOInitials			
Emergency Contact —						
In the event of an emergency, while at the centre Contact (Print Name)	•					
Relationship	Phone Num	ber				
I read and understood the purpose(s) of my particle below I agree to the above.						
Signature of Participant X	Signature o	f Witness				
Signed at: (city)	, this	day of	20 Copyright Form 003A			
RNC Inc. and or its' staff, as a matter of practi	ce, does not provide referer	ices	1,7,9,11,11,11,11			
Copyright Form 001_Revised Sept. 2014		ONTARIO in	nis <i>Employment Ontario</i> service is funded part by the Government of Canada			
Viewed MAESD Presentation		an	nd the Government of Ontario			
Re-registration			Apt. Date			
Signed EO Participant Registration Form			Mew Case Manager			
Signed Client Compliance Policy Agreement Form	D ————————————————————————————————————	sb noitstration da	Registration number			
Photo ID provided			Office Use Only			