



905-727-3777 *Aurora* 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+

How long have you been searching for work? 0 - 3 months 3 - 6 months 6 - 12 months Other _____

Fluency in English Basic Intermediate Advanced Computer Skills Basic Intermediate Advanced

What is your Major Job Search Challenge? _____

Income Source Ontario Works (OW) / Social Assistance Employment Insurance (EI) / Application in Progress WSIB

Ontario Disability Support Program (ODSP) Family Support Dependent of OW / ODSP Crown Ward 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? Yes No Initial **X** _____

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

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 online
- 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 _____

Informed Consent

I, **(print name) X** _____ give consent to RNC Employment Services to obtain and verify information or documents required to confirm my eligibility for Employment Services and other Employment Ontario programs (i.e. Second Career, Apprenticeships, Self Employment Benefit, and Job Creation Partnership) as may be available through the Ministry of Advanced Education and Skills Development. I understand that relevant and personal information will be collected for the purposes of preparing an Employment Service Plan to assist with labour market re-entry.

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 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 duration of my participation in my Employment Services Plan and until such time as case closure, up to securing employment and/or for the purposes of 3, 6, 12 month post closure follow up as communicated to my sponsor (Employment Ontario/MAESD (Ministry of Advanced Education and Skills Development) and or upon request of information at any time by MAESD as they may require.

Resume Submission _____

I hereby give permission for RNC Employment Services to forward my resume/information/documents in application for suitable positions, placement and training and I authorize them in advance to do so on my behalf to third parties as may be required.

I further agree RNC is not liable for any losses resulting from same. YES _____ Initials NO _____ Initials

Apprenticeship _____

I commit to providing a copy of my completed Training Agreement (Apprenticeship) issued by the Ministry of Advanced Education and Skills Development.

Applicable _____ Initials Not Applicable _____ Initials

Employment Verification _____

I further authorize RNC Employment Services to secure verification of my employment/placement status/progress/retention with a secured employer where Financial Incentives are applicable by way of requesting pay stubs directly, written letter on company letterhead, in person interview or verified document. I understand this information is a requirement to receive employer financial incentive(s). To this end, a copy of this consent will be released directly to the employer concerned to secure same.

YES _____ Initials NO _____ Initials

E-mail, Contact, Outreach/Events _____

I hereby give permission for RNC Employment Services to forward any job postings, information or marketing/promotional material that may be helpful / suitable for my job search / review. I understand that I can unsubscribe from this e-mail list at anytime by notifying my Case Manager in writing, mail, e-mail, phone, or electronic phone contact (follow-up)

YES _____ Initials NO _____ Initials

Mail, Phone, Automated Messaging, Follow-up _____

I hereby give consent for RNC Employment Services to follow-up on my employment or training status for the purposes of statistical reporting by any one or more of the above means herein.

YES _____ Initials NO _____ Initials

Emergency Contact _____

In the event of an emergency, while at the centre, I give RNC consent to contact: YES _____ Initials NO _____ Initials
Contact (Print Name) _____

Relationship _____ Phone Number _____

I read and understood the purpose(s) of my participation in the Employment Ontario Employment Services Program and by signing below I agree to the above.

Signature of Participant X _____

Signature of Witness _____

Signed at: (city) _____, this _____ day of _____, 20_____

Copyright Form 003A

RNC Inc. and or its' staff, as a matter of practice, does not provide references

Copyright Form 001_ Revised Sept. 2014



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<input type="checkbox"/> Photo ID provided	_____	Registration number	_____	Registration date	_____	Registered by	_____	Previous CM	_____	New Case Manager	_____	Apt. Date	_____
<input type="checkbox"/> Updated forms - Original reg. date	_____												
<input type="checkbox"/> Read and Signed Client Compliance Agreement	_____												
<input type="checkbox"/> Read and Signed Consent Forms	_____												
<input type="checkbox"/> ES Participation Form Completed	_____												
<input type="checkbox"/> Viewed MAESD Presentation	_____												

Office Use Only