



# PEI Association for Newcomers to Canada

PO Box 2846  
25 University Avenue  
Suite 400, Holman Building  
Charlottetown, PE C1A 8C4

Phone: (902) 628-6009  
Fax: (902) 894-4928  
E-mail: info@peianc.com  
Website: www.peianc.com

## Employment Assistance Service CLIENT INFORMATION FORM

**PERSONAL DATA:** *Please sign and date the completed form before submitting to the PEIANC Reception.*

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street and number Apartment number

**City/Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
Home Cell Other

**E-mail(s):** \_\_\_\_\_

**Would you like to be included in the EAS Mailing List?**  Yes  No

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Insurance Number (SIN):** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

### CHARACTERISTICS

#### Immigration Status:

- Canadian Citizen  Permanent Resident  Visitor  
 Work Permit Holder  Student  Permanent Resident (Refugee)

**Please note languages and levels (F – Fluent, I - Intermediate – I, B - Basic):**

Language	Speak	Read	Write

**Have you completed a Language Assessment with this office?**  Yes  No

#### Do you have:

- a disability or physical problem which will stop you from doing some jobs?  Yes  No
- a car?  Yes  No
- PEI driver's license?  Yes  No
- small children who will need care when you get a job?  Yes  No

### EDUCATION

**Are you now in English language school?**  Yes  No LINC level \_\_\_\_\_

**Have you finished High School?**  Yes  No Grade completed \_\_\_\_\_

**Have you gone to college, university, etc.?**  Yes  No If yes, please provide information below.

\_\_\_\_\_  
Program Name Institution Year Started Year Graduated

\_\_\_\_\_  
Program Name Institution Year Started Year Graduated

**Do you have educational documents?**  Yes  No If yes, are they translated into English?  Yes  No

**EMPLOYMENT HISTORY AND CAREER GOALS**

What is your occupation / trade / profession? \_\_\_\_\_

Do you have:

- credentials which need to be certified in Canada?  Yes  No
- an up-to-date resume or curriculum vitae?  Yes  No

Please list your work experience beginning with your present or most recent job:

Job Title	Employer	Year Started	Year Finished

Job Title	Employer	Year Started	Year Finished

Job Title	Employer	Year Started	Year Finished

Would you like information on:

- job search on PEI
- interview skills
- Canadian workplace culture
- finding full-time work
- finding part-time work
- finding volunteer work
- educational opportunities
- credential recognition process
- other \_\_\_\_\_

Career Interests (What is your dream job?): \_\_\_\_\_

**FOR OFFICE USE ONLY**

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date Received (Day / Month / Year)

\_\_\_\_\_  
Staff Member