



GUIDE


The information requested in this form is necessary to study your application for employment-assistance benefits, and to apply the *Act respecting income support, employment assistance and social solidarity*. Please read each question carefully and **fill in every section which concerns you**.

- Depending on your situation, complete in **PEN** using **BLOCK LETTERS**:

 ► pages **3, 5** and **6**;

 *and more* ► pages **3, 4, 5** and **6**;

 ► pages **3, 5, 6, 7** and **8**;

 *and more* ► **all pages**.

- **SIGN** section 15 of the form.

Once you, and your spouse, if applicable, have completed and signed the application, return it to your local employment centre. You will be contacted later to arrange for an interview. **You must bring your health insurance card and one other piece of signed I.D. with you to the interview.**

YOUR ELIGIBILITY FOR EMPLOYMENT-ASSISTANCE BENEFITS WILL BE ASSESSED AS OF THE DAY THIS FORM IS RECEIVED BY ONE OF OUR OFFICES.

VERIFICATION AND EXCHANGE OF INFORMATION

Initial and subsequent verification

Pursuant to current legislation, **as soon as you file an application for employment-assistance benefits**, the Ministère de l'Emploi et de la Solidarité sociale obtains tax information about you and your spouse, if applicable for the previous year from Revenu Québec and information about your vehicle(s) from the Société de l'assurance automobile du Québec, in order to verify the information contained in your application form.

Effective January 1, 2006, the Department may use certain personal information held under the Québec Parental Insurance Plan to verify your eligibility for programs and measures provided by the *Act respecting income support, employment assistance and social solidarity*.

The Ministère de l'Emploi et de la Solidarité sociale **may also contact** various public agencies or private organizations at the time, **without your consent**, to verify your eligibility for the programs and measures provided for under the *Act respecting income support, employment assistance and social solidarity*. You should be aware that such verification may involve contacting a landlord, employer, financial institution, life insurance company, municipality, credit bureau, etc.

Exchange of information with other organizations

The Ministère de l'Emploi et de la Solidarité sociale may also collect or transmit personal information (e.g. name and address, amount of benefits, compensation or income received, value of an immovable) to the Commission de la santé et de la sécurité du travail, Human Resources and Skills Development Canada, Canada Revenue Agency, Ontario Ministry of Community, Family and Children's Services, New Brunswick Department of Family and Community Services, Ministère de l'Éducation, du Loisir et du Sport du Québec, Ministère de la Justice du Québec, Ministère de l'Immigration et des Communautés culturelles du Québec, Ministère des Affaires municipales et des Régions, Ministère de la Sécurité publique du Québec, Revenu Québec, Cree Hunters and Trappers Income

Security Board, Protecteur du citoyen, Régie de l'assurance maladie du Québec, Régie des rentes du Québec, Correctional Service of Canada, Société de l'assurance automobile du Québec and the Directeur de l'état civil.

Comparison of computer files

Computer files may be compared in order to identify persons receiving benefits from the Ministère de l'Emploi et de la Solidarité sociale as well as other sources such as employment insurance benefits, student loans and bursaries, compensation paid following an automobile accident or a work accident, and pensions. These comparisons also serve to identify persons who are incarcerated, those who need to be housed in an establishment to ensure their social re-entry, or those who are enrolled in a high school vocational program, or a college or university program. In the case of Revenu Québec, the comparisons serve to verify income, property and certain information concerning the person's spouse or they can serve to administer the Special Housing Assistance Benefit. In the case of the Directeur de l'état civil, the purpose of such comparisons is to obtain information on marriages and civil unions, the dissolution of a marriage or a civil union, and deaths. In the case of the Canada Revenue Agency, the purpose of such comparisons is to adjust employment-assistance benefits based on the information obtained regarding the federal government's National Child Benefit Supplement.

Despite such verifications and comparisons of files, **you are obliged** under the Act **to declare your income from all sources and any changes in your situation**. However, you are not obliged, except at the request of the Department, to declare the amount of the Child Assistance paid to you by the Régie des rentes du Québec or the amount of the Canada Child Tax Benefit from the federal government. However, if you receive amounts from those agencies, the overpaid benefits may be claimed. A false declaration may lead to prosecution.

The information exchanged with other organizations remains confidential and will only serve the purposes explained above.

For the purposes of this application, notions such as **spouse** and **dependent child** are defined as follows:

Spouse

A spouse is:

- a person who lives with you (even if this person is temporarily absent), and with whom you are married or in a civil union;
- a person who lives with you (even if this person is temporarily absent), and who is the parent of at least one of your children;
- a person who is of full age, of the opposite or the same sex, who cohabits with you in a *de facto* union (even if this person is temporarily absent), and who has, at a given time, lived with you for at least one year.

Dependent child

If you support him or her, a dependent child is:

- a child under age 18, unless that child is married or is the parent of a child he or she supports;
- a child aged 18 or over, who is a full-time or a part-time student, unless that child is married, is in a civil union, has a spouse or is the parent of a child he or she supports.

A dependent child is not:

- a child who is placed in a child and youth protection centre, whether the child is placed in your home, with another family or in a rehabilitation centre;
- a child you had with a previous spouse, if this spouse supports the child.

DOCUMENTS REQUIRED

The original versions of the documents that pertain to you are essential for processing your application.

Please note that the documents numbered 1 to 6, must be supplied by the applicant, the spouse and dependent children, if applicable.

Identification

1. Birth certificate or equivalent

(unless already provided to the Department)

a) Persons born in Canada

◆ Canadian birth certificate*

- Adult: Birth certificate, wallet-size or large format
- Child: Birth certificate, large format

*In Québec, birth certificates are issued by the Directeur de l'état civil. Elsewhere, they are issued by the office responsible for vital statistics in the province or the territory of birth.

b) Persons born outside Canada

◆ One of the following documents:

- Application for refugee status
- Immigrant Visa and Record of Landing (IMM-1000)
- Confirmation of Permanent Residence (IMM-5292)
- Permanent Resident Card
- Authorization to enter Canada

2. ID card with photo

for identification purposes only. None of these cards or copies will be kept in the file.
(Health insurance card, driver's licence, passport, permanent resident card)

Other documents

3. Documents that serve to determine your current income and the income ending on the month of the application (paycheque stubs, proof of income from employment insurance, proof of income from maternity, paternity, adoption or parental leave, proof of maternity allowance (PRALMA), proof of job termination, etc.).
4. Most recent statement or books, **updated on the date of your application** or within the following days, for all accounts at a bank, caisse populaire or other financial institution.
5. Proof of term deposits, shares, bonds, retirement savings plan, stock savings plan, certificates of participation or other securities.
6. Motor vehicle registration.
7. **If your benefits are deposited directly into your account:**
 - A blank personal cheque for the desired account, marked VOID,
 - Equivalent proof provided by your financial institution, if you do not have a chequing account.
8. **If you are a tenant:**
 - Lease or "Proof of residence" form available from your local employment centre, the latter to be completed by the owner in the absence of a lease;
 - Receipts for taxes paid on rental value over and above the rent (address must be indicated).
9. **If you are a roomer or boarder:**
 - "Proof of residence" form available from your local employment centre, to be completed by the owner.
10. Acts of ownership and mortgage deeds, municipal and school tax invoices, updated mortgage statement, monthly mortgage reimbursement if you own your main residence or other property (land, cottage, mobile home, etc.) or reimbursement of the mortgage loan.
11. Fire insurance policy.
12. - Documents concerning your separation or divorce or the dissolving of your civil union, if applicable (interim measures, conditional judgment and final judgment, letter of agreement, etc.).
 - Documents regarding child custody if the relevant provisions are not part of the separation or divorce documents (divorce decree, agreement).
13. Proof of school attendance for any dependent child aged 16 or over, issued by the school attended.
14. Deed of sale or transfer of property/liquid assets if you have sold or transferred property or liquid assets within the last two years.
15. A note from your doctor or a medical certificate available from your local employment centre if, due to your health, physical condition or disabilities, you require special equipment or assistance. You are also entitled to special benefits in addition to your regular assistance if you are pregnant, receiving hemodialysis treatments, have diabetes, have undergone an urosotomy, an ileostomy, or a colostomy, receive oxygen, or require batteries for a hearing aid.
16. Any document issued by the Secretariat of the Programme national de réconciliation avec les orphelins et orphelines de Duplessis that concerns the amounts of financial assistance that are to be granted or that you are to receive under the program.

Section 1- REASON FOR THE APPLICATION

State why you are applying for benefits.	<input type="checkbox"/> Unemployed but not eligible for employment insurance	<input type="checkbox"/> Supplement to other income
	<input type="checkbox"/> Unemployed and waiting to receive employment insurance benefits	<input type="checkbox"/> Discharge from <input type="checkbox"/> health care institution <input type="checkbox"/> detention centre
If you have lost your job, indicate the reason.	<input type="checkbox"/> Termination of employment insurance benefits	<input type="checkbox"/> Awaiting a decision following appeal
	<input type="checkbox"/> Termination of full-time studies	<input type="checkbox"/> Other, specify: _____
	<input type="checkbox"/> Loss of spouse	
	<input type="checkbox"/> Death <input type="checkbox"/> Separation <input type="checkbox"/> Divorce	
	<input type="checkbox"/> Lack of work or end of contract	<input type="checkbox"/> Birth of or responsibility for a child
	<input type="checkbox"/> Dismissal <input type="checkbox"/> Quit	<input type="checkbox"/> Health problems

Date de réception

Vérification des pièces d'identité
 Date: _____ Année: _____ Mois: _____ Jour: _____
 Préposé à l'accueil: _____
 Agent à l'attribution: _____

Section 2- IDENTIFICATION

Do you have a spouse? (See definition on page 2.)

Yes* If you are not married to or in a civil union with this spouse, give the date your *de facto* union began: Year _____ Month _____ Day _____
 If you are not married to or in a civil union with this spouse and you have been living together for less than one year, indicate whether you lived with this person before the date given. Yes No

No If **yes**, specify the amount of time you lived together: From Year _____ Month _____ Day _____ to Year _____ Month _____ Day _____

* If you answer **yes**, complete all the sections concerning your spouse.

Has a child been born of your present union? Yes No

	Applicant	Spouse
Last and first names*	CP-12 _____ Last name _____ First name _____	CP-12 _____ Last name _____ First name _____
	* According to the birth certificate or the immigration document.	
Date of birth	Year _____ Month _____ Day _____ PCE <input type="checkbox"/> Initiales _____	Year _____ Month _____ Day _____ PCE <input type="checkbox"/> Initiales _____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social insurance number	_____ PCE <input type="checkbox"/>	_____ PCE <input type="checkbox"/>
Health insurance number	_____ PCE <input type="checkbox"/>	_____ PCE <input type="checkbox"/>
Marital status	<input type="checkbox"/> 1. Single <input type="checkbox"/> 5. Unofficially separated <input type="checkbox"/> 2. Married <input type="checkbox"/> 6. Divorced <input type="checkbox"/> 3. Widowed <input type="checkbox"/> Civil union dissolved <input type="checkbox"/> 4. Legally separated <input type="checkbox"/> Civil union <input type="checkbox"/> 7.	<input type="checkbox"/> 1. Single <input type="checkbox"/> 5. Unofficially separated <input type="checkbox"/> 2. Married <input type="checkbox"/> 6. Divorced <input type="checkbox"/> 3. Widowed <input type="checkbox"/> Civil union dissolved <input type="checkbox"/> 4. Legally separated <input type="checkbox"/> Civil union <input type="checkbox"/> 7.
If you are widowed, separated, divorced or your civil union has been dissolved, give the date of this event.	Year _____ Month _____ Day _____	Year _____ Month _____ Day _____
Are you a member of a religious community?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Language of correspondence	<input type="checkbox"/> 1. French <input type="checkbox"/> 2. English	<input type="checkbox"/> 1. French <input type="checkbox"/> 2. English
Do you consider yourself a Native person (Amerindian or Inuk descent)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , are you: <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. an Amerindian living on a reserve? <input type="checkbox"/> 4. an Amerindian living outside a reserve? <input type="checkbox"/> 5. an Inuk?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , are you: <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. an Amerindian living on a reserve? <input type="checkbox"/> 4. an Amerindian living outside a reserve? <input type="checkbox"/> 5. an Inuk?
Are you a Duplessis Orphan?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please refer to item 16 on page 2.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please refer to item 16 on page 2.
Is the Public Curator representing you?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , what is your file number with this organization? _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , what is your file number with this organization? _____
If you usually use a name other than the one on your birth certificate, or if you were married before April 2, 1981, and you use your spouse's last name or both last names, give it/them.	Last name _____ First name _____	Last name _____ First name _____
If you were born outside Canada, give your country of birth.	Country of birth _____ Date d'arrivée: Année _____ Mois _____ Jour _____	Country of birth _____ Date d'arrivée: Année _____ Mois _____ Jour _____

Section 3- INFORMATION REGARDING RESIDENCE

Adresse commune, CP-12 _____

Home address	Number _____ Apartment _____ Street _____
	City, town or municipality _____ Postal code _____
Telephone numbers (even if unlisted)	Area code _____ Number _____ Other, specify: _____ Area code _____ Number _____
Check the box that corresponds to where you live today.	<input type="checkbox"/> Your own home <input type="checkbox"/> A rented room <input type="checkbox"/> A hospital, reception centre or other authorized facility <input type="checkbox"/> An apartment <input type="checkbox"/> A boarding house <input type="checkbox"/> A housing cooperative <input type="checkbox"/> A subsidized apartment ("HLM") <input type="checkbox"/> With a foster family <input type="checkbox"/> Other (specify): _____
If you have declared a spouse, does this person live at your address?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no , indicate the reason and the address: _____
Do you live with one or more persons other than your spouse and dependent children?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , give the name or names and the relationship to you, if applicable: _____

Section 4- ADDRESSEE AND MODE OF PAYMENT

Indicate name of person to whom cheques are to be addressed.	Cheques for couples will bear the names of both spouses, unless otherwise specified. If not, specify the name of the person to whom the cheques are to be issued. Name: _____	Cheques for an independent adult will bear the name of the applicant, unless otherwise specified. If not, specify the name of the person to whom the cheques are to be issued. Name: _____
	Where are the cheques to be sent? <input type="checkbox"/> Home address <input type="checkbox"/> Other address (specify): _____	
Do you wish to have your benefits deposited directly into your account?	Yes <input type="checkbox"/> If yes , see item 7 under "Other documents" on page 2 for the documents you must provide and enter the name of your financial institution below. Name of financial institution: _____ Address: _____	No <input type="checkbox"/> Account number at financial institution: _____ Account holder: _____

Employment income includes:

salary, gratuities, commissions, bonuses, employment termination benefits, travel and accommodation expenditure allowances, and vacation pay, paid while the person was receiving financial aid from the MESS.

THE APPLICANT MUST ANSWER ALL THE QUESTIONS ON THIS PAGE.

Net salary is calculated

by deducting federal and provincial income tax, employment insurance and Québec Parental Insurance Plan contributions, contributions to the Québec Pension Plan or a compulsory pension plan, and union dues from your gross salary.

Section 8- INCOME											
EMPLOYMENT INCOME	Do you receive	Yes	No			Net salary		Week	2 weeks	Month	
	• employment income?	<input type="checkbox"/>	<input type="checkbox"/>			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• gratuities?	Yes	No			Amount		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• income from a farm operation?	Yes	No	Farm producer number	Type of product sold			Gross annual sales			
	• income from self-employment?	Yes	No	Type of work				Net income for the past 12 months			
• income from home child care?	Yes	No	If yes , care is provided: <input type="checkbox"/> in your home <input type="checkbox"/> outside your home				Week	2 weeks	Month		

INCOME FROM GOVERNMENT AGENCIES	Do you receive	Yes	No								
	• benefits for maternity, paternity, adoption or parental leave from the Québec Parental Insurance Plan (in effect on January 1, 2006) or from employment insurance?	<input type="checkbox"/>	<input type="checkbox"/>	If yes , net amount per week:	If no , application is being processed since:			or		benefits expired on:	
	• employment insurance benefits (other)?	Yes	No	If yes , net amount per week:	If no , application is being processed since:			or		benefits expired on:	
	• a maternity allowance (PRALMA)?	Yes	No	If yes , net amount:							
	• benefits under an income support program for workers affected by a collective dismissal?	Yes	No	If yes , net amount per month:	If no , application is being processed since:			or		benefits expired on:	
	• Pregnant Minor Financial Assistance measure?	Yes	No	If yes , net amount per month:				If no , benefits expired on:			
	• an employment-assistance allowance paid by Emploi-Québec?	Yes	No			Net amount		Week	2 weeks	Month	
	• Commission de la santé et de la sécurité du travail benefits?	Yes	No			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Régie des rentes du Québec benefits?	Yes	No			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• compensation from the Société de l'assurance automobile du Québec?	Yes	No			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Canada Pension Plan benefits?	Yes	No			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• an Old Age Security pension? <input type="checkbox"/>	Yes	No			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• a spouse's allowance? <input type="checkbox"/>	Yes	No			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• a war veteran's pension or allowance?	Yes	No			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER INCOME	Do you receive	Yes	No	Number								
	• income from roomers or boarders?	<input type="checkbox"/>	<input type="checkbox"/>		\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	• support payments in cash or another form (e.g. accommodation paid in full or in part)?	Yes	No	If other , specify:			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• income from rent or ownership? (If yes , provide receipts for repairs, oil, gas, and electricity, in addition to the documents already requested.)	Yes	No			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• income from investments or bonds (interest or dividends)?	Yes	No			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• income from a personal pension fund or from former employer?	Yes	No			\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• other income, earnings, or benefits (disability insurance, pensions, mortgage insurance, rent reduction due to work as janitor, etc.) (excluding the housing allowance and the Canada Child Tax Benefit)?	Yes	No	Source		\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you expect to receive other income, earnings or benefits (insurance policies, annuities, inheritance, court settlement, estate benefits, vacation pay, etc.)?	Yes	No	Source		\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section 9- PROPERTY, LIQUID ASSETS AND DEBTS									
Do you have	Yes	No	Institutions and addresses		Account Numbers		Amounts (balance)		
• any bank or caisse populaire accounts (including qualifying shares), or accounts with financial institutions?	<input type="checkbox"/>	<input type="checkbox"/>					\$		
• one or more safety deposit boxes?	Yes	No	Institution and address				Value		
• cash on hand or uncashed cheques, apart from any bank or caisse accounts?	Yes	No					Amount		
• stocks, bonds, shares, RRSPs, stock savings plans, term deposits or other?	Yes	No	Description				Value		
• a motor vehicle (this includes motorcycles, automobiles, trucks, snowmobiles, and all-terrain vehicles, and excludes vehicles adapted for persons with disabilities)?	Yes	No	If yes , do you <input type="checkbox"/> own the vehicle <input type="checkbox"/> rent the vehicle				Market value		
• immovable assets (such as a residence, cottage, mobile home or piece of property)?	Yes	No	Description		Mortgage debt or loan related to housing		Market value		
• moveable assets other than your furniture (boat, trailer, coin or stamp collection, valuables)?	Yes	No	Description				\$		
• amounts of money owing you?	Yes	No	Description				Amount		
• debts other than mortgages?	Yes	No	Description		Amount		Total monthly payment		
• life insurance?	Yes	No	Name of company						
Within the past two years, have you sold or transferred any property or liquid assets (house, land, cottage, cash, etc.)?	Yes	No	Description		Date sold or transferred		Market value		

THE APPLICANT MUST ANSWER ALL THE QUESTIONS ON THIS PAGE.

Section 10- SPECIFIC INFORMATION

▶ Do you have a driver's licence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , indicate the class or classes: _____	▶ Indicate the languages you know. French <input type="checkbox"/> English <input type="checkbox"/> Other, specify: _____	▶ Do you hold any competency cards? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , which ones? _____
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Section 11- EDUCATION

▶ Are you currently attending an educational institution? Yes No

• If **yes**, indicate the education level: Secondary-regular Secondary-vocational College or university Other, specify: _____

Current year of study: _____ Number of courses: _____ Number of hours/ or periods/week: _____ Number of credits or units: _____

Field of specialization: _____ Are you or will you be receiving loans or bursaries under a student financial aid program (e.g. loans and bursaries)? Yes No

If **yes**, indicate the source: _____

• If **no**, are you registered with one or planning to do so? Yes No

Circle the final year of successfully completed studies for each education level:		Field of specialization	Diploma obtained		End of studies	
EDUCATION LEVEL			Yes	No	Year	Month
Elementary	1 2 3 4 5 6 7		<input type="checkbox"/>	<input type="checkbox"/>		
	Regular 1 2 3 4 5		<input type="checkbox"/>	<input type="checkbox"/>		
	Vocational (short) 2 3 4		<input type="checkbox"/>	<input type="checkbox"/>		
	Vocational (long) 4 5 6		<input type="checkbox"/>	<input type="checkbox"/>		
	Vocational education certificate 1		<input type="checkbox"/>	<input type="checkbox"/>		
	Diploma of vocational studies 1 2		<input type="checkbox"/>	<input type="checkbox"/>		
Collegial	Attestation of vocational specialization 1		<input type="checkbox"/>	<input type="checkbox"/>		
	General (pre-university) 1 2		<input type="checkbox"/>	<input type="checkbox"/>		
	Attestation of college studies (ACS) 1 2		<input type="checkbox"/>	<input type="checkbox"/>		
University	Technical 1 2 3		<input type="checkbox"/>	<input type="checkbox"/>		
	1 2 3 4 5 6 7		<input type="checkbox"/>	<input type="checkbox"/>		

▶ Indicate any other employment-related training (e.g. computer course, French lessons):

Title of course(s)	Duration in hours	Date course ended
	Year	Month
1. _____		
2. _____		

Section 12- WORK EXPERIENCE (Volunteer work is not to be included in this section.)

▶ How many weeks did you work during the past twelve months? weeks.

Indicate your work experience acquired during the past two years beginning with the most recent.

1	2	3
Job title	Job title	Job title
Main tasks performed	Main tasks performed	Main tasks performed
Name of firm	Name of firm	Name of firm
Period from Year Month Day to Year Month Day	Period from Year Month Day to Year Month Day	Period from Year Month Day to Year Month Day
Weekly salary	Weekly salary	Weekly salary
Hours/week	Hours/week	Hours/week
Reason you are not working <input type="checkbox"/> Lack of work or end of contract <input type="checkbox"/> Quit <input type="checkbox"/> Dismissal <input type="checkbox"/> Change of jobs <input type="checkbox"/> Health problems <input type="checkbox"/> Company shutdown <input type="checkbox"/> Birth of or responsibility for a child <input type="checkbox"/> Other, specify: _____	Reason you are not working <input type="checkbox"/> Lack of work or end of contract <input type="checkbox"/> Quit <input type="checkbox"/> Dismissal <input type="checkbox"/> Change of jobs <input type="checkbox"/> Health problems <input type="checkbox"/> Company shutdown <input type="checkbox"/> Birth of or responsibility for a child <input type="checkbox"/> Other, specify: _____	Reason you are not working <input type="checkbox"/> Lack of work or end of contract <input type="checkbox"/> Quit <input type="checkbox"/> Dismissal <input type="checkbox"/> Change of jobs <input type="checkbox"/> Health problems <input type="checkbox"/> Company shutdown <input type="checkbox"/> Birth of or responsibility for a child <input type="checkbox"/> Other, specify: _____

If you held more than three jobs, attach a separate sheet.

▶ What type of employment are you seeking? _____ For this employment, I have:

1. experience training

2. experience training

Section 13- EMPLOYMENT RESTRICTIONS

▶ Does your health status allow you to work? Yes No
If **no**, state the reason: _____

▶ Do you have a physical, intellectual or mental disability? Yes No
If **yes**, specify: _____

▶ Due to your health status, physical condition or disabilities, do you require special equipment or assistance? Yes No
If **yes**, indicate your requirements and see item 15 on page 2 for the documents you must provide: _____

▶ If you are pregnant, please indicate your anticipated due date. _____

For additional information, attach a separate sheet.

Section 14- VOLUNTARY STATEMENT

The following question is optional: Yes No

▶ Do you consider yourself a member of a visible minority? Yes No

Section 15- SOLEMN AFFIRMATION

▶ I hereby declare that the Ministère de l'Emploi et de la Solidarité sociale has duly informed me that it may, without my consent, contact various public or private organizations to verify my eligibility for programs and measures under the *Act respecting income support, employment assistance and social solidarity*.

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

▶ I agree to inform the Ministère de l'Emploi et de la Solidarité sociale immediately of any change in this information, particularly as concerns the date of my return to work.

Date _____

Signature of applicant _____

If this form was completed by a person other than the signatory, please check the box.
If necessary, would you please have someone accompany you.

Réservé au Ministère - Authentification
Date _____

Employment income includes: salary, gratuities, commissions, bonuses, employment termination benefits, travel and accommodation expenditure allowances, and vacation pay, paid while the person was receiving financial aid from the MESS.

THE SPOUSE MUST ANSWER ALL THE QUESTIONS ON THIS PAGE.

Net salary is calculated: by deducting federal and provincial income tax, employment insurance and Québec Parental Insurance Plan contributions, contributions to the Régie des rentes du Québec or a compulsory pension plan, and union dues from your gross salary.

Section 8 - INCOME									
EMPLOYMENT INCOME	Do you receive	Yes	No	Net salary		Week	2 weeks	Month	
	• employment income?	<input type="checkbox"/>	<input type="checkbox"/>	\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• gratuities?	Yes	No	Amount		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• income from a farm operation?	<input type="checkbox"/>	<input type="checkbox"/>	Farm producer number	Type of product sold	Gross annual sales			
	• income from self-employment?	Yes	No	Type of work		Net income for the past 12 months			
• income from home child care?	<input type="checkbox"/>	<input type="checkbox"/>	If yes , care is provided: <input type="checkbox"/> in your home <input type="checkbox"/> outside your home		Week	2 weeks	Month		
		<input type="checkbox"/>	<input type="checkbox"/>	\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCOME FROM GOVERNMENT AGENCIES	Do you receive:	Yes	No	If yes , net amount per week:		If no , application is being processed since:		or benefits expired on:	
	• benefits for maternity, paternity, adoption or parental leave from the Québec Parental Insurance Plan (in effect on January 1, 2006) or from employment insurance?	<input type="checkbox"/>	<input type="checkbox"/>	\$					
	• employment-insurance benefits (other)?	Yes	No	If yes , net amount per week:		If no , application is being processed since:		or benefits expired on:	
	• maternity allowance (PRALMA)?	<input type="checkbox"/>	<input type="checkbox"/>	\$					
	• benefits under an income support program for workers affected by a collective dismissal?	Yes	No	If yes , net amount per month:		If no , application is being processed since:		or benefits expired on:	
	• Pregnant Minor Financial Assistance measure?	<input type="checkbox"/>	<input type="checkbox"/>	\$				If no , benefits expired on:	
	• an employment-assistance allowance paid by Emploi-Québec?	Yes	No	Net amount		Week	2 weeks	Month	
	• Commission de la santé et de la sécurité du travail benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Régie des rentes du Québec benefits?	Yes	No	\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• compensation from the Société de l'assurance automobile du Québec?	<input type="checkbox"/>	<input type="checkbox"/>	\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Canada Pension Plan benefits?	Yes	No	\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• an old age security pension? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• a spouse's allowance? <input type="checkbox"/>	Yes	No	\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• a war veteran's allowance?	<input type="checkbox"/>	<input type="checkbox"/>	\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• income security benefits from the federal government if you belong to a Native community?	Yes	No	\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• benefits from another Canadian province, the United States, or another country?	<input type="checkbox"/>	<input type="checkbox"/>	\$		per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER INCOME	Do you receive:	Yes	No	Number	\$	per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• income from roomers or boarders?	<input type="checkbox"/>	<input type="checkbox"/>	Names:					
	• support payments in the form of cash payments or other (e.g. accommodation paid in full or in part)?	Yes	No	If other, specify:	\$	per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• income from rent or ownership? (If yes , provide receipts for repairs, oil, gas, and electricity, in addition to the documents already requested.)	<input type="checkbox"/>	<input type="checkbox"/>		\$	per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• income from investments or bonds (interest or dividends)?	Yes	No		\$	per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• income from a personal pension fund or from an ex-employer?	<input type="checkbox"/>	<input type="checkbox"/>		\$	per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• other income, earnings, or benefits (disability insurance, pensions, mortgage insurance, rent reduction due to work as janitor, etc.) (excluding the housing allowance and the Canada Child Tax Benefit)?	Yes	No	Source	\$	per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to receive other income, earnings or benefits (insurance policies, pensions, inheritance, court settlement, estate benefits, vacation pay, etc.)?	Yes	No	Source	\$	per	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 9- PROPERTY, LIQUID ASSETS AND DEBTS									
Do you have:		Yes	No	Institutions and addresses		Account Numbers		Amounts (balance)	
• bank or caisse populaire accounts (including membership fees), or accounts with financial institutions?		<input type="checkbox"/>	<input type="checkbox"/>					\$	
• one or more safety deposit boxes?		Yes	No	Institution and address				Value	
• cash on hand or uncashed cheques, apart from any bank or caisse accounts?		<input type="checkbox"/>	<input type="checkbox"/>					\$	
• stocks, bonds, shares, RRSPs, stock savings plans, term deposits or other?		Yes	No	Description				Value	
• a motor vehicle (this includes motorcycles, automobiles, trucks, snowmobiles, and all-terrain vehicles, and excludes vehicles adapted for persons with disabilities)?		<input type="checkbox"/>	<input type="checkbox"/>	If yes , do you <input type="checkbox"/> own the vehicle <input type="checkbox"/> rent the vehicle		Type of vehicle		Market value	
		<input type="checkbox"/>	<input type="checkbox"/>					\$	
				Make, year		Registration		Monthly payment	
								\$	
• immovable assets (such as a residence, cottage, mobile home or piece of property)?		Yes	No	Description		Mortgage debt or loan related to housing		Market value	
If you own a home, indicate how long you have been living there: _____ Year _____ Month		<input type="checkbox"/>	<input type="checkbox"/>			\$		\$	
• moveable assets other than your furniture (boat, trailer, coin or stamp collection, valuables)?		Yes	No	Description				Market value	
		<input type="checkbox"/>	<input type="checkbox"/>					\$	
• amounts of money owing you?		Yes	No	Description				Amount	
		<input type="checkbox"/>	<input type="checkbox"/>					\$	
• debts other than mortgages?		Yes	No	Description		Amount		Total monthly payment	
		<input type="checkbox"/>	<input type="checkbox"/>			\$		\$	
• life insurance?		Yes	No	Name of company					
		<input type="checkbox"/>	<input type="checkbox"/>						
Within the past two years, have you sold or transferred any property or liquid assets (house, land, cottage, cash, etc.)?		Yes	No	Description		Date sold or ceded		Market value	
		<input type="checkbox"/>	<input type="checkbox"/>					\$	

THE SPOUSE MUST ANSWER ALL THE QUESTIONS ON THIS PAGE.

Section 10- SPECIFIC INFORMATION

<p>▶ Do you have a driver's licence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate the class or classes:</p>	<p>▶ Indicate the languages you know. French <input type="checkbox"/> English <input type="checkbox"/> Other, specify: _____</p>	<p>▶ Do you hold any competency cards? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which ones? _____</p>
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Section 11- EDUCATION

▶ Are you currently attending an educational establishment? Yes No

• If **yes**, indicate the education level: Secondary-regular Secondary-vocational College or university Other, specify: _____

Current year of study: _____	Number of courses: _____	Number of hours/ or periods/week: _____	Number of credits or units: _____	Are you or will you be receiving loans or bursaries under a student financial aid program (e.g. loans and bursaries)? If yes , indicate the source: _____
Field of specialization: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>

• If **no**, are you registered with one or planning to do so? Yes No

EDUCATION LEVEL	Circle the final year of successfully completed studies for each education level:							Field of specialization		Diploma obtained		End of studies	
	Elementary	1	2	3	4	5	6	7	Yes	No	Year	Month	
Secondary	Regular	1	2	3	4	5			<input type="checkbox"/>	<input type="checkbox"/>			
	Vocational (short)	2	3	4					<input type="checkbox"/>	<input type="checkbox"/>			
	Vocational (long)	4	5	6					<input type="checkbox"/>	<input type="checkbox"/>			
	Vocational education certificate	1							<input type="checkbox"/>	<input type="checkbox"/>			
	Diploma of vocational studies	1	2						<input type="checkbox"/>	<input type="checkbox"/>			
	Attestation of vocational specialization	1							<input type="checkbox"/>	<input type="checkbox"/>			
Collegial	General (pre-university)	1	2						<input type="checkbox"/>	<input type="checkbox"/>			
	Attestation of college studies (ACS)	1	2						<input type="checkbox"/>	<input type="checkbox"/>			
	Technical	1	2	3					<input type="checkbox"/>	<input type="checkbox"/>			
University	1	2	3	4	5	6	7						

▶ Indicate any other employment-related training (e.g. computer course, French lessons):

Title of course(s)	Duration in hours	Date course ended
	Year	Month
1. _____		
2. _____		

Section 12- WORK EXPERIENCE (Volunteer work is not to be included in this section.)

▶ How many weeks did you work during the past twelve months? weeks.

Indicate your work experience acquired during the past two years beginning with the most recent.

1	2	3
Job title	Job title	Job title
Main tasks performed	Main tasks performed	Main tasks performed
Name of firm	Name of firm	Name of firm
Period from Year Month to Year Month Day	Period from Year Month to Year Month Day	Period from Year Month to Year Month Day
Weekly salary to	Weekly salary to	Weekly salary to
Hours/week	Hours/week	Hours/week
Reason you are not working <input type="checkbox"/> Lack of work or end of contract <input type="checkbox"/> Quit <input type="checkbox"/> Dismissal <input type="checkbox"/> Change of jobs <input type="checkbox"/> Health problems <input type="checkbox"/> Company shutdown <input type="checkbox"/> Birth or responsibility for a child <input type="checkbox"/> Other, specify: _____	Reason you are not working <input type="checkbox"/> Lack of work or end of contract <input type="checkbox"/> Quit <input type="checkbox"/> Dismissal <input type="checkbox"/> Change of jobs <input type="checkbox"/> Health problems <input type="checkbox"/> Company shutdown <input type="checkbox"/> Birth or responsibility for a child <input type="checkbox"/> Other, specify: _____	Reason you are not working <input type="checkbox"/> Lack of work or end of contract <input type="checkbox"/> Quit <input type="checkbox"/> Dismissal <input type="checkbox"/> Change of jobs <input type="checkbox"/> Health problems <input type="checkbox"/> Company shutdown <input type="checkbox"/> Birth or responsibility for a child <input type="checkbox"/> Other, specify: _____

If you held more than three jobs, attach a separate.

▶ What type of employment are you seeking? _____ For this employment, I have:

1. _____	<input type="checkbox"/> experience	<input type="checkbox"/> training
2. _____	<input type="checkbox"/> experience	<input type="checkbox"/> training

Section 13- EMPLOYMENT RESTRICTIONS

<p>▶ Does your health status allow you to work? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state the reason: _____</p>	<p>▶ Due to your health status, physical condition or disabilities, do you require special equipment or assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate your requirements and see item 15 on page 2 for the documents you must provide: _____</p>
<p>▶ Do you have a physical, intellectual or mental disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify: _____</p>	<p>▶ If you are pregnant, please indicate your anticipated due date. _____</p>

For additional information, attach a separate sheet.

Section 14- VOLUNTARY STATEMENT

The following question is optional: Yes No

▶ Do you consider yourself a member of a visible minority? Yes No

Section 15- SOLEMN AFFIRMATION

▶ I **hereby declare** that the Ministère de l'Emploi et de la Solidarité sociale has duly informed me that it may, without my consent, contact various public or private organizations to verify my eligibility for programs and measures under the *Act respecting income support, employment assistance and social solidarity*.

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

▶ I **agree to inform** the Ministère de l'Emploi et de la Solidarité sociale immediately of any change in this information, particularly as concerns the date of my return to work.

Date _____	Signature of spouse _____
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If this form was completed by a person other than the signatory, please check the box.
If necessary, would you please have someone accompany you.

Réservé au Ministère - Authentification	
Date _____	_____