



Employment Development Agency Central Jobs Registry

Application for Employment

This form can be completed online or downloaded as a PDF file at www.gov.pe.ca

Office Use

File#

Use only (✓) in

The personal information contained on this form is collected for the purpose of evaluating eligibility for employment under the legal authority of section 32(2) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c.F-15.01. If you have any questions about the collection of this personal information, you may contact the Manager, Employment Development Agency, 1st Floor Sullivan, 16 Fitzroy Street, Charlottetown, P.E.I. Telephone: (902) 368-5805.

Personal Information:

Last Name	First Name	Initial	Social Insurance Number
Civic Address	Rural Route/PO Box	Postal Code	
Community Name	Province	Telephone	Telephone (other)

Email Address	These questions asked with the approval of the PEI Human Rights Commission.		
	Gender:	Date of Birth:	
	Male <input type="checkbox"/> Female <input type="checkbox"/>	Year <input type="text"/>	Month <input type="text"/> Day <input type="text"/>

What areas in the Province are you willing to work?	Are you a resident of PEI? (Island students attending off- Island schools respond, Yes.)	Yes	No
1	2	3	<input type="checkbox"/> <input type="checkbox"/>

Your voluntary response to the following questions will assist us in determining our diversity and equity goals. Information provided in this section is used to identify applicants in designated groups and only for human resources planning and statistical purposes.

Are you: () A person with a disability? () An Aboriginal person? () A member of a Visible Minority group? please specify _____

Contact in Case of Emergency:	Address	Telephone
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Education:

Are you currently enrolled in full time studies? Yes No

Will you be returning to school full time in the current year? Yes No If, Undecided state reason? _____

Highest education currently enrolled or completed? School College University – BA MA PHD Diploma

Grade/Year _____ Program _____ Faculty _____ Major(s) _____

Skills/Work Experience/Volunteer Work:

Beginning with your most recent employment, list employer, type of work and duration of work. (You may attach your resume.)

Do you have a valid drivers license?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of vehicle for use in your work?	Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Cycle <input type="checkbox"/>	Can you type?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Words/Min	<input type="text"/>
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Languages Spoken: English <input type="checkbox"/> French <input type="checkbox"/>	Computer Skills: Word processing <input type="checkbox"/> Data entry <input type="checkbox"/> Accounting <input type="checkbox"/>
Other _____	Internet/email <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Networking <input type="checkbox"/> Programmer <input type="checkbox"/>

Job Interests:

The Employment Development Agency is working in cooperation with private sector businesses to create full time work opportunities. If you are interested in meeting with a Workplace Resources Project & Information Officer to discuss employment and labour market information and to receive assistance with your job search indicate:

Yes, please contact me No, thank-you - I'm currently, Unemployed Employed full time Employed part time

Preferred type of work:

Any Only the following 1 _____ 2 _____ 3 _____

Declaration:

I certify that the foregoing statements made by me are true in substance and complete to the best of my knowledge. I authorize the Employment Development Agency to verify the above information and to obtain or release confidential information on employment insurance eligibility to be used only for the purpose of providing employment opportunities.

Date _____ Signature _____