

Réservé au Ministère

Numéro de dossier (CP-12)

Section 1 – Reason for application

Are you applying for employment services?

☐ Yes ☐ No

If **yes**, specify the reason for your application.

☐ Employment assistance

☐ Referred by an employer, e.g., subsidy (specify):

☐ Return to school or training

☐ Referred by an organization (specify):

☐ Other reason (specify):

Are you applying for last-resort financial assistance (social assistance)?

☐ Yes ☐ No

If **yes**, specify the reason for your application.

Date of event
YearMonthDay

☐ End of full-time studies

☐ Loss of income

☐ Work income

☐ Self-employment income

☐ Employment insurance

☐ Other government benefits (QPIP, SAAQ, CNESST, etc.)

☐ You have had no income for the past 12 months.

☐ You are waiting for a decision on another application
(Employment Insurance, QPIP, court decision, SAAQ, CNESST, etc.).

☐ You've just been released from a facility.

☐ Health care facility

☐ Correctional facility

☐ Your income is insufficient.

☐ You no longer have a spouse.

☐ Death

☐ Separation

☐ Divorce

☐ You are asking for reimbursement of funeral fees.

☐ You have had a child or are taking charge of a child.

☐ You are now living with a spouse.

☐ You are having health issues.

☐ Other reason (specify):

Section 2 – Identification

Last name

First name

Last and first name on birth certificate or immigration document.

Date of birth
YearMonthDay

Social insurance number (SIN)
YearMonthDay

Gender

☐ Female

☐ Male

Language of correspondence

☐ French

☐ English

If your SIN begins with a 9, specify the expiry date.

Marital status

☐ Single

☐ Married or in a civil union

☐ Common-law spouse

☐ Widowed

☐ Legally separated

☐ Separated, *de facto*

☐ Divorced

Specify the date of separation or death
YearMonthDay

Were you born in Québec?

☐ Yes ☐ No

Last name

First name

If **yes**, enter the last name and first name of one of your parents.

If **no**, are you a Canadian citizen?

☐ Yes ☐ No

If **no**, are you a permanent resident?

☐ Yes ☐ No

If **no**, are you a claimant to refugee status?

☐ Yes ☐ No

If **no**, have you been accepted as a refugee, protected person or person to be protected?

☐ Yes ☐ No

☐ Other status (specify):

If you were born outside of Canada, indicate your country of birth.

Arrival date in Canada
YearMonthDay

You must supply documents confirming your status.

Do you consider yourself Indigenous?

☐ Yes ☐ No

If **yes**, are you an Inuit or member of a First Nation?

☐ Member of a First Nation living in a reserve

☐ Member of a First Nation living outside a reserve

☐ Inuit

Section 3 – Address

Number

Street

Apartment

Telephone

City, town or municipality

Postal code

Other Telephone

Section 4 – Current situation

Are you receiving financial assistance from the government (benefits, allowances, etc.)?

☐ Yes ☐ No

If **yes**, please specify.

☐ Employment-insurance benefits

☐ Parental insurance benefits (QPIP)

☐ Other assistance (benefits from SAAQ, or CNESST, pension, student loans and bursaries, etc.) (specify):

Do you have dependent children?

☐ Yes ☐ No

If **yes**, how many?

If you are applying for last-resort financial assistance, please fill the *Appendix – Dependent Children* form.

Are you a single parent?

☐ Yes ☐ No

Do you have a driver's license?

☐ Yes ☐ No

If **yes**, specify which class.

Please answer the following questions to help us best meet your employment needs.

Do you have physical, intellectual or mental disabilities?

☐ Yes ☐ No

If **yes**, specify which disability.

Languages, spoken:

☐ French

☐ English

☐ Other

Languages, written :

☐ French

☐ English

☐ Other

Do you have a criminal record?

☐ Yes ☐ No

Do you consider yourself a member of a visible minority?

☐ Yes ☐ No

A member of a visible minority is a person, other than Indigenous, who is easily recognizable as having a different ethnic identity or skin color.

Section 5 – Current studies

Are you currently a student?

☐ Yes ☐ No

If **yes**, specify.

☐ Full-time

☐ Part-time

Diploma sought:



Section 6 – Education level

For each level of education, specify the last completed year of studies and enter the required information.

Level of education	Number of completed years	Training field/program	Degree obtained	End of studies
	1234567			YearMonth
Elementary	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Secondary	12345		DES AEP DEP ASP	
General	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	
Vocational	3456		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Semi-specialized trade	1			
College	123		DEC AEC CEC	
General or technical	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
University	1234567		CERT BAC MA DOC	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Indicate any relevant training that was successfully completed in a work context (e.g., computer courses, language courses).

End date of course(s)

YearMonthDay

Course title(s):

If you studied abroad, please provide the requested information.

Specialty:

Number of successfully completed years:

Did you obtain a comparative evaluation of your studies abroad from the Ministère de l'Immigration, de la Francisation et de l'Intégration?

☐ Yes

Area of training:

☐ No

Do you hold one or more certificate of qualification?

☐ Yes

☐ No

If **yes**, which ones?

Are you a member of a professional order?

☐ Yes

☐ No

If **yes**, which ones?

Section 7 – Employment

Are you employed?

☐ Yes

☐ No

If **yes**, specify which type.

☐ Full-time

☐ Part-time

☐ On call

☐ Self-employed

Have you previously been employed?

☐ Yes

☐ No

If you answered **yes** to one of the questions above, provide the information regarding your last two jobs, starting with your current or more recent one.

Current or most recent position

Name of employer

YearMonthDayYearMonthDayWeekly salaryHours per week

Period fromto\$

Job title:

Main tasks:

Reason for end of employment

☐ Quit the job

☐ Birth of or responsibility for a child

☐ Changed jobs

☐ Health issues

☐ Dismissed

☐ Other (specify):

☐ Company shut down

☐ Lack of work

Other position

Name of employer

YearMonthDayYearMonthDayWeekly salaryHours per week

Period fromto\$

Job title:

Main tasks:

Reason for end of employment

☐ Quit the job

☐ Birth of or responsibility for a child

☐ Changed jobs

☐ Health issues

☐ Dismissed

☐ Other (specify):

☐ Company shut down

☐ Lack of work

Do you have functional limitations following occupational injuries caused, for example, by a workplace accident?

☐ Yes

☐ No

If **yes**, specify which limitations.

Are you available for work?

☐ Yes

☐ No

If **yes**, specify the type of employment.

☐ Full-time

☐ Part-time

☐ Day

☐ Evening

☐ Night

If **no**, specify the reason.

Where are you willing to work?

☐ In your community

☐ In your region

☐ Other (specify):

Name of jobs you are seeking

1

2

☐ You have experience for this work.

☐ You have experience for this work.

Section 8 – Direct deposit

If you want to benefit from direct deposit, please provide the information requested below. It will allow us to pay your benefits or allowances for all the services that will be provided to you by the Ministère.

Name of your financial institution

Address of your branch

Postal code

Branch transit number

Financial institution number

Account number and designation number (These numbers are found at the bottom of cheques.)

Example of numbers at bottom of cheques

"001"1234501201212311"

Branch Transit number

Financial institution number

Account number

Section 9 – Solemn affirmation

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

I shall immediately inform the Ministère of any change in my situation, notably to inform them about the date when I return to work or study.

Date

Signature

Protection of personal information

The personal information collected in this form is necessary to verify your eligibility to programs, measures and services offered by the Ministère du Travail, de l'Emploi et de la Solidarité sociale under the Individual and Family Assistance Act (CQLR, chapter A-13.1.1) or to determine the amount of financial assistance to which you could be entitled. This information can also be used to conduct studies, research, surveys or to produce statistics. Failing to provide the required information can lead to rejection of your application. Furthermore, under the Canada-Québec Labour Market Agreement (Implementation), certain information contained in your file may be provided to Employment and Social Development Canada.

Access to personal information is limited to the people authorized to consult it in the performance of their duties. You are entitled to be informed about the information concerning you held by the Ministère du Travail, de l'Emploi et de la Solidarité sociale, to receive such information and to request corrections. You must contact the person in charge of access to documents and the protection of personal information.