

Employment/Client Advisor Application Form

Name: _____ Email: _____
 Address: _____
 Phone: _____ Fax: _____

Recent Work History: (Please list the last 3 positions)

Company	Title	Responsibilities	Start Date	End Date	Reason for Leaving

Education: (Please list all programs or courses.)

Degree/Program	School and Location	Year Completed

Skills and Experience: (Please check all skills that you have performed in PROFESSIONAL capacity.)

<input checked="" type="checkbox"/>	Advising Skills	Years of work exp.	<input checked="" type="checkbox"/>	Facilitation Skills	Years of work exp.
	Intake and Assessment			Delivery of Workshops	
	Career Decision Making			Development of Workshop Curriculum	
	Provision of Labour Market Information			Able to prepare and deliver a PowerPoint presentation	
	Job Search Assistance		What workshop topics have you delivered?		
	Return to Work Action Planning				
	Training Plan Development				
	Job Maintenance Advising				
	Life Skills Training				
	Work Placements				
	File Management				
	Information Management and FIPPA				
	Case Management				

Please check the client groups you have worked with:

EI Eligible Income Assistance Disabilities Resource Industry Workers Aboriginal Youth

Vocational Assessment Tools (Please list the assessment tools you are certified to deliver)	Certification Obtained (Date)

<input checked="" type="checkbox"/>	Leadership Skills and Experience	Years of Exp.	Please check the skills and explain how you have obtained experience.
	Teamwork		
	Team Leadership		
	Program Coordination		
	Supervision/Management		
	Mediation		

<input checked="" type="checkbox"/>	Computer Skills	Levels of Ability (expert, intermediate, basic)	Please explain the working level and version.
	Word		
	Excel		
	Contact IV		
	Keyboard Skills		
	Other:		

References (Please provide three references that can verify your employment experience.)

Name	Company	Phone Number	Email Address

I give permission for North island Employment Foundations Society to contact any references or prior employers given in conjunction with this application to secure information relevant to my application

I certify that the information provided in this application or attached resume is true and complete. I understand that if any information in this application is found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

Signature
(If applying electronically, please type your name as authorization.)

Date