

**Nisga'a Lisims Government Employment Skills & Training
PERSONAL INFORMATION FORM**

File #:

Employment Advisor:

First Name / Given Name

Middle Initial

Last Name / Surname

Mailing Address

Town / City

Province

BC

Postal Code

Home Phone Number

Cell Phone Number

Date of Birth:

Month

Day

Year

E - Mail Address

Social Insurance Number (SIN)

Gender	Marital Status	Dependants	Drivers License	Employed	Income
Male <input type="checkbox"/>	Single <input type="checkbox"/>	Yes <input type="checkbox"/> # _____	Yes <input type="checkbox"/> Class: _____	Yes <input type="checkbox"/>	Employment Insurance <input type="checkbox"/>
Female <input type="checkbox"/>	Married or Equivalent <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Income Assistance <input type="checkbox"/>
					No Income <input type="checkbox"/>
					Other: <input type="checkbox"/>

Education Level: *please indicate year obtained*

<input type="checkbox"/> No formal Education	<input type="checkbox"/> Grade 9-10	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> GED	<input type="checkbox"/> Apprenticeship/ Trades
<input type="checkbox"/> Up to grade 7-8	<input type="checkbox"/> Grade 11-12	<input type="checkbox"/> Dogwood year _____	<input type="checkbox"/> Some Post-Secondary: Year _____	Or Diploma: year _____

Barriers To Employment: Choose all that apply

<input type="checkbox"/> Lack of Labour Force Attachment	<input type="checkbox"/> Lack of Work Experience
<input type="checkbox"/> Lack of Transportation	<input type="checkbox"/> Remoteness
<input type="checkbox"/> Language	<input type="checkbox"/> Education/Training
<input type="checkbox"/> Economic	<input type="checkbox"/> Dependent Care
<input type="checkbox"/> Lack of Marketable Skills	<input type="checkbox"/> Physical, Emotional or Mental Health
<input type="checkbox"/> Social Issues: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Other:	<input type="checkbox"/> Other Not Listed:

Community

Gitlaxt'aamiks Gitwinksihlkw Laxgalts'ap Gingolx

Citizenship # _____

Notes: