



EMPLOYABILITY SCREEN

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons With Disabilities Act*. The disclosure of this information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to your local Employment and Assistance Office.

Please answer all questions. Circle check letter per question.

Last Name		First Name		Initial	Personal ID Number
Case Number	SR Number	Telephone		Ministry Region	Ministry Office Location

1. Office use only: Have you applied for or received Employment Insurance in the past 3 years, (or past 5 years if maternity/paternity)?	<input type="checkbox"/> a - Yes <input type="checkbox"/> b - No	Office Use Only: Score only applicable response
2. What is your age?	<input type="checkbox"/> a - under 19 <input type="checkbox"/> b - 19 to 24 inclusive <input type="checkbox"/> c - 25 to 49 inclusive <input type="checkbox"/> d - 50 to 65 inclusive	0 1 0 0 _____
3. Apart from your current application, how many times have you been on Income or Social Assistance anywhere in Canada in the last 3 years?	<input type="checkbox"/> a - Never <input type="checkbox"/> b - 1 to 3 times <input type="checkbox"/> c - More than 3 times	0 1 3 _____
4. What is the total amount of time you have spent on Income or Social Assistance in the last 3 years?	<input type="checkbox"/> a - Less than 2 months <input type="checkbox"/> b - 2 to 12 months <input type="checkbox"/> c - More than 12 months	0 3 7 _____
5. What is the highest level of education you have completed?	<input type="checkbox"/> a - Post-secondary program - degree or diploma <input type="checkbox"/> b - Some post-secondary <input type="checkbox"/> c - High school / GED <input type="checkbox"/> d - Grade 10 to 12 <input type="checkbox"/> e - Less than grade 10 <input type="checkbox"/> f - Trade certificate	1 0 0 1 3 0 _____
6. What is the total amount of time you have spent in paid employment over the last 3 years?	<input type="checkbox"/> a - More than 12 months <input type="checkbox"/> b - From 3 - 12 months <input type="checkbox"/> c - Under 3 months <input type="checkbox"/> d - None or very limited work experience <input type="checkbox"/> e - Volunteer work only	0 1 2 4 3 _____
7. What is your English speaking ability or literacy level?	<input type="checkbox"/> a - Good working knowledge of English <input type="checkbox"/> b - English as a second language (ESL) or in need of English skills training	0 3 _____
8. Office use only: Ministry caseworker to determine if situation warrants no employment related obligations. Criteria as per regulations?	Next Step: <input type="checkbox"/> Expected to Work Client (0 - 14) <input type="checkbox"/> Expected to Work Client (15 +) <input type="checkbox"/> No Employment-Related Obligations	<input type="checkbox"/> Yes <input type="checkbox"/> No

Office Use Only	
Client Employability Profile completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Total Score _____
Client has severe barriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments

Screening Results

Expected to Work Client (0-14): Immediately Employable / Employable with Short - Term Interventions
 Expected to Work Client (15+): Employable with Longer - Term Interventions
 No Employment-Related Obligations