

## Registration for Work

*Please indicate:*

This is a  **New Registration**  **Registration Renewal**

**Personal Information** (You must have proof of identity. If you are submitting this Registration by mail or fax, please include a **photocopy** of identification that is issued by a government body, confirming name and current address, such as a Manitoba Health card.) **Questions with an \* require an answer.**

*SIN: _____	<b>Preferred Language:</b> <input type="checkbox"/> English <input type="checkbox"/> French
*Last Name: _____	
*Given Name: _____	
Middle Name(s): _____	
Also Known As: _____	

**Primary Residence** (For preferential hiring considerations, please provide your home address, e.g. house number, rural route, etc.)  
(Questions with an \* require an answer.)

Address: _____		
*City/Municipality: _____	Province: _____	*Postal Code: _____
*Phone/Cell: (    ) _____	Alternate Phone/Cel : (    ) _____	
Fax Number: (    ) _____	E-mail: _____	

**Alternate Address** (If different from your home address, e.g. mailbox number, etc.)

Address: _____		
City/Municipality: _____	Province: _____	Postal Code: _____
Phone/Cell: (    ) _____	Alternate Phone/Cell: (    ) _____	
Fax Number: (    ) _____	E-mail: _____	

### Optional Information

Providing this information is on a strictly **VOLUNTARY BASIS**. The sole purpose for and use of this information is to assist Employment Manitoba to assess the need and design of training programs. Information used for statistical analysis will not include any personal details, such as name or SIN. Project employers will not receive this information nor will it be used for referring job seekers to job opportunities.

Date of Birth \_\_\_\_\_

<b>For Office Use Only:</b>	
Union	Registration submitted <input type="checkbox"/> Applicant <input type="checkbox"/> Agency by:
	Information received: <input type="checkbox"/> In Person <input type="checkbox"/> Mail/Fax <input type="checkbox"/> Telephone
	Collected by: _____ Received Date: _____ Input by: _____
Job Order No.	Registration/Renewal Date: _____ Expiry Date: _____
	Comments: _____