



Registration Form: Retiree

Are you over 50, retired and thinking about returning to the workforce? The Retiree Employment Agency connects retirees with short-term employment opportunities (less than 52 consecutive weeks).

To facilitate the process, please complete this form. All information collected will remain confidential.

Age *

50-59

60-69

70-79

80 and over

1. PERSONAL INFORMATION

First name:

Middle name:

Last name:

Mailing address:

Apartment:

City:

Province:

Postal code:

Telephone (home):

Cell phone:

Email:

Date of birth: _____ (YYYY-MM-DD)

Gender: Male Female Other: _____ Prefer not to answer

Spoken language(s): English French Other: _____

Written languages(s): English French Other: _____

*

2. PERSONAL INTERESTS

Following are a few examples of fields that might interest you. Check one or more boxes.

Construction

Support Services

Home Care

Housekeeping

Health

Administrative Support

Delivery

Security

Transport

Shipping/Receiving

Customer Service

Sales

Other: _____

Please specify: _____

3. AVAILABILITY

Check the desired employment status and your availability.

Desired employment status (Hours/Week)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Full-time (25 hours and more)	Morning <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Part-time (less than 25 hours)	Afternoon <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any period(s) during which you would be unavailable for work? Yes No

If yes, please indicate which one(s):

When can you start working? _____

4. PLACE OF WORK

Do you have transportation? Yes No

Please indicate in which specific region(s) you would prefer working:

5. RESUME

Do you have an updated resume? Yes No

If not, would you like help preparing one? Yes No

Your resume will be shared with prospective employers

6. WORKSHOPS

Would you be interested in attending a workshop? Yes No

If yes, please specify: _____

7. ADDITIONAL INFORMATION

Please answer the following only if you are not a permanent resident of Canada.

Do you have a work permit? Yes No

If yes, please indicate the expiration date on your work permit: _____ (YYYY-MM-DD)

Note: The employer may request a Criminal Record Check.

**For statistical purposes only*

Date (YYYY-MM-DD)

Signature