

Registration Form: Retiree



Are you over 50, retired and thinking about returning to the workforce? The Retiree Employment Agency can connect you with employers looking to fill part-time, casual, seasonal or temporary full-time vacancies.

*To facilitate the process, please complete this form. All information collected will remain confidential.
For statistical purposes only

Date (YYYY-MM-DD)	Name					
Age * <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 20%;"><input type="checkbox"/> 50-59</td> <td style="width: 20%;"><input type="checkbox"/> 60-64</td> <td style="width: 20%;"><input type="checkbox"/> 65-69</td> <td style="width: 20%;"><input type="checkbox"/> 70-79</td> <td style="width: 20%;"><input type="checkbox"/> 80 and over</td> </tr> </table>		<input type="checkbox"/> 50-59	<input type="checkbox"/> 60-64	<input type="checkbox"/> 65-69	<input type="checkbox"/> 70-79	<input type="checkbox"/> 80 and over
<input type="checkbox"/> 50-59	<input type="checkbox"/> 60-64	<input type="checkbox"/> 65-69	<input type="checkbox"/> 70-79	<input type="checkbox"/> 80 and over		

1. PERSONAL INFORMATION

First name:	Middle name:	Last name:
Mailing address:	Province:	Apartment:
City:		Postal code:
Email:		
Telephone (home):		
Cell phone:		

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other_____	<input type="checkbox"/> Prefer not to answer
Spoken language(s):	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other_____	
Written languages(s): *	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other_____	

2. JOB INTERESTS

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

<input type="checkbox"/> Construction	<input type="checkbox"/> Support Services	<input type="checkbox"/> Home Care	
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Health	<input type="checkbox"/> Administrative Support	
<input type="checkbox"/> Delivery	<input type="checkbox"/> Security	<input type="checkbox"/> Transport	
<input type="checkbox"/> Shipping/Receiving	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Sales	<input type="checkbox"/> Other_____

What type of job would you like to do? _____

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"/>
<input type="checkbox"/> Casual	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seasonal	Night	<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

If no, do you have a plan in place on how you will get to work? _____

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?

Resume writing workshop Information session on Pension Benefits

Other, 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.

8. WHERE DID YOU HEAR ABOUT THE RETIREE EMPLOYMENT AGENCY?

Social Media

Newspaper

Other, please specify: _____

Radio

Word of Mouth