

EMPLOYEE CONTACT FORM

Name:

First Name: _____

Middle Name or Initial: _____

Last Name: _____

Complete Mailing Address:

Street Number: _____ Unit Number: _____

Street Name: _____

PO Box: _____ City: _____

Province: _____ Postal Code: _____

Phone Number(s):

Home: _____

Cell: _____

Email Address: _____

Date of Birth: _____

Please circle which gender you identify as:

Female Male Trans Prefer not to disclose Other: _____

Do you plan to complete apprenticeship in Ontario: YES NO

Preferred Language of service: English French

Do you wish to self identify as a member of designated group? (optional)

First Nations Metis Inuit Persons with disability

Member of a visible minority Newcomer to Canada

Where would you like to attend in-class training? Please provide your first choice, as well as an alternate.

(choices: Algonquin – Ottawa, Fanshawe – London, Humber – Toronto, Loyalist – Belleville, Mohawk – Hamilton)

College Choice 1: _____

College Choice 2 (alternate): _____

Employer Name: _____

Employer Contact (phone OR email): _____

Initial start date with employer: _____

**INTERNAL OFFICE USE ONLY
REGISTRATION INTAKE**

Proof Documents Scanned / Copied

Age Document: _____

SIN Document: _____

Education Document: _____

Registered by: _____

ADMINISTRATOR ONLY

Reached out

AOL Provincial Office Submission

AOL Application Date
