



PHF # _____

Personal History Form

(Confidential)

Please fill out the information on the following pages. All data contained in the History Form will be used only to help determine a candidate's qualifications for enrollment in a specified training program.

Name: _____

Date: _____

I found out about CNIB through:

- | | | | |
|--|--------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Television | <input type="checkbox"/> Radio | <input type="checkbox"/> Internet |
| <input type="checkbox"/> The Sign | <input type="checkbox"/> Flyer | <input type="checkbox"/> WSIB | <input type="checkbox"/> Employment British Columbia |
| <input type="checkbox"/> A Newspaper _____ | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Referred by _____ | | | |



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First Name:		Middle Name:		Last name:	
Address:				City:	
Postal Code:		Email:			
Telephone (C):		Telephone (H):		Telephone: <small>in case of emergency</small>	
Status in Canada: <input type="checkbox"/> Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Visitor's Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Other		Residence: <input type="checkbox"/> Own Home <input type="checkbox"/> Renting <input type="checkbox"/> Live with Family <input type="checkbox"/> Other		Birth Date (mm/dd/yyyy):	
				Number of Dependants:	
Are you eligible to study in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Grade 12 or equivalent*? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drivers Licence: (optional)	
Post-Secondary Education		Employment Record		If not currently employed:	
<input type="checkbox"/> Community College <input type="checkbox"/> University <input type="checkbox"/> Other		Present Employer:		Previous Employer:	
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Job Description:	
Name/Location:		Number of hours:			
Course Taken		Employed Since:		From: To:	
Length:		Job Description:		Reason for Leaving:	
Did You Graduate: <input type="checkbox"/> Y <input type="checkbox"/> N Year:					

References:

Name: _____	<input type="checkbox"/> Work	<input type="checkbox"/> Personal	<input type="checkbox"/> Professional
Address: _____			
Phone: _____			
Name: _____	<input type="checkbox"/> Work	<input type="checkbox"/> Personal	<input type="checkbox"/> Professional
Address: _____			
Phone: _____			
Name: _____	<input type="checkbox"/> Work	<input type="checkbox"/> Personal	<input type="checkbox"/> Professional
Address: _____			
Phone: _____			

- I would like to have follow-up communications by email.
- I would like to receive promotional and other literature from CNIB by email.



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CANDIDATE'S SELF – EVALUATION

I am interested in the _____ Program for the following reasons:

1.	
2.	
3.	

My current position is:	<input type="checkbox"/> unfulfilling <input type="checkbox"/> boring <input type="checkbox"/> without a future <input type="checkbox"/> satisfying & full of promise
I think that additional training:	<input type="checkbox"/> may help me in my current position <input type="checkbox"/> assist me in starting a new career <input type="checkbox"/> satisfy my curiosity
I enjoy working for:	<input type="checkbox"/> the joy of it <input type="checkbox"/> the income <input type="checkbox"/> the sense of achievement <input type="checkbox"/> getting me out of the house
Holding back my career is my:	<input type="checkbox"/> lack of ambition <input type="checkbox"/> fear of success <input type="checkbox"/> lack of training <input type="checkbox"/> shyness
My best qualities are my:	<input type="checkbox"/> ambition <input type="checkbox"/> dependability <input type="checkbox"/> flexibility <input type="checkbox"/> dedication <input type="checkbox"/> loyalty <input type="checkbox"/> willingness to learn
I enjoy having responsibilities:	<input type="checkbox"/> all of the time <input type="checkbox"/> some of the time <input type="checkbox"/> hardly ever
I make my own decisions:	<input type="checkbox"/> all of the time <input type="checkbox"/> some of the time <input type="checkbox"/> hardly ever
I believe that people succeed in their careers due to their:	<input type="checkbox"/> training <input type="checkbox"/> goal-setting <input type="checkbox"/> love of the job <input type="checkbox"/> personal contacts
I learn best with:	<input type="checkbox"/> reading on my own <input type="checkbox"/> interacting with others <input type="checkbox"/> guidance from the instructor <input type="checkbox"/> memorising
I best enjoy:	<input type="checkbox"/> working on my own <input type="checkbox"/> working with others
I have spare time:	<input type="checkbox"/> to read <input type="checkbox"/> to watch television <input type="checkbox"/> to play sports/pursue hobbies <input type="checkbox"/> What spare time?
When faced with a problem I:	<input type="checkbox"/> solve it on my own <input type="checkbox"/> solve it with input from others <input type="checkbox"/> wait for it to solve itself

