

# Registration Form

By completing this form, I acknowledge that I have read and understand the Career Nexus Inc Candidate Consent Form provided to me for registration.

DATE OF REGISTRATION

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## PERSONAL INFORMATION

Full Name :	<input type="text"/>				
Phone #:	<input type="text"/>	Emergency Contact Name:	<input type="text"/>		
Date of Birth :	<input type="text"/> / <input type="text"/> / <input type="text"/>	Emergency Contact #:	<input type="text"/>		
Email :	<input type="text"/>		Relation to You:	<input type="text"/>	
Pronouns: Highest	<input type="checkbox"/> He/Him	<input type="checkbox"/> She/Her	<input type="checkbox"/> They/Them	Criminal Record (Put YES or NO):	<input type="text"/>
Education:	<input type="text"/>		Between 18 and 65 (YES/NO):	<input type="text"/>	
Country :	<input type="text"/>		Are you legally entitled to work in Canada?	<input type="text"/>	
SIN:	<input type="text"/>		For the purposes of Employment Equity, I am self-declaring that I am a member of one or more of the following groups:		

☐ Woman ☐ Indigenous ☐ Person w/ disability ☐ Visible minority

## ADDRESS

Address:	<input type="text"/>		
City:	<input type="text"/>	Province:	<input type="text"/>
Postal Code:	<input type="text"/>		

## DIRECT DEPOSIT:

Name of Financial Institution:	<input type="text"/>	Work Permit Expiry Date:	<input type="text"/>
Institution Number:	<input type="text"/> <input type="text"/> <input type="text"/>		
Transit Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Account Number:	<input type="text"/>	<input type="text"/>	

Candidate Signature