

Guidelines for Forms

1. Be sure to read through the form from start to finish. This will help you decide if you need help or more information.
2. It is very important to pay attention to the words used in forms. Different words can mean the same thing. For example; First Name, Given Name and Christian Name are all looking for the same information.
3. Check out the order they want you to list your name or the date, for example; “First Name, Last Name - Mary Smith” or it may require “Last Name, First Name, Middle Name - Smith, Mary Anne”.
4. Sometimes they use codes to ask for the date or other information. For example, DD/MM/YYYY means the date should be written Day, Month, Year - 02/07/1978, or it could be written YY/MM/DD which means they want the date written Year, Month, and Day - 78/07/02.
5. Most forms are grouped into sections. Look at the title of the section. This will give you clues as to what information that section of the form is looking for.
6. Pay attention to whether you should write on the line or above the line. Clues can be taken from the location of the surrounding words for example;
Name: _____ or _____.
Name
7. Make sure you know what the form is going to be used for and who will see it. Some of the information that goes on forms is confidential which means you need to keep it private. Make sure you understand what the form will be used for.
8. When you sign a form (signature) you are stating everything on the form is true and/or you are agreeing to something. If you aren't sure if it is true or you do not understand the purpose of the form have someone you trust look it over and explain it to you before you sign it.
9. Some forms will need to be filled out on-line, this means using a computer instead of paper. If you have trouble getting set up on the Internet, your community library will have an Internet connection. Ask a staff member at the library for help if you need it. A digital copy of the My Information Form can be found at <http://www.litforlife.com/workplace.php>. Save it to a flash drive or your computer. If you save it to a flash drive make sure it is password protected. Fill it out once you have downloaded it and then you can copy and paste to forms you are filling out.
10. Be sure if you see the words “FOR OFFICE USE ONLY, DO NOT COMPLETE THIS PORTION” that you do not put information in that part of the form. This is often a place where people put information that only matters to the office which will be using the forms.

My Information

PERSONAL

This information is extremely personal. Do not share this with people you do not trust. Keep in a safe place.

First Name/ Christian Name/ Given Name:	
Last Name/ Surname/ Family Name:	
Maiden Name/ Name at Birth:	
Signature:	
Home Phone Number or #:	
Area Code:	
Work Phone Number or #:	
Day Phone Number or #:	
Evening Phone Number or #:	
Cell Phone Number or #:	
Fax Number or #:	
Street Address:	
PO Box or Post Box Number:	
City/Town/Village:	
Legal Land Description:	
Postal Code: Zip Code (American)	
Previous Address:	
Email Address:	
Sex/Gender or M or F:	
Social Insurance Number or SIN:	
Alberta Health Card or AHC Number:	

Family Doctor:	
Family Doctor's phone number:	
Age:	
Date of Birth/ Birth Date/ DOB/ Birthday:	
Driver's License Number or DL #:	
Citizenship status: Temporary Worker, Visa, Refugee, Foreign Student , Permanent Resident, Canadian Citizen	
Birth Place/ Place of Birth:	
Religion/ Faith/ Creed:	
Marital Status:	

FAMILY - This information is extremely personal. Do not share this with people you do not trust. Keep in a safe place.

Spouse Name: (Husband/Wife)	
Spouse's Birth Date/ Date of Birth/ DOB/ Birthday:	
Spouse Birth Place/ Place of Birth:	
Spouse's Social Insurance Number or SIN:	
Child Name:	
Child's Birth Date/ Date of Birth/ DOB/ Birthday:	
Child Birth Place/ Place of Birth:	
Child Name:	
Child's Birth Date/ Date of Birth/ DOB/ Birthday:	
Child Birth Place/ Place of Birth:	
Child Name:	

Child's Birth Date/ Date of Birth/ DOB/ Birthday:	
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Child Birth Place/ Place of Birth:	
Child Name:	
Child's Birth Date/ Date of Birth/ DOB/ Birthday:	
Child Birth Place/ Place of Birth:	
Child Name:	
Child's Birth Date/ Date of Birth/ DOB/ Birthday:	
Child Birth Place/ Place of Birth:	
Child Name:	

SCHOOL - This information is extremely personal. Do not share this with people you do not trust. Keep in a safe place.

School Name:	
Parent Name/ Legal Guardian name:	
Relationship to the Child(ren):	
Emergency Contact Name:	
Emergency Contact Phone Number or #:	
Relationship to the Child(ren):	

Alberta Education Identification Number or AB ED ID #:	
Child's Grade:	
People Authorized to Pick Up Child:	
Medical Conditions:	
Medications:	
Allergies:	
Dietary Restrictions:	
Known Disabilities:	

ADDITIONAL INFORMATION - This information is extremely personal. Do not share this with people you do not trust. Keep in a safe place.

Blood Type: You may not know this and that is okay.	
Existing Conditions:	
Medications:	
Known Disabilities:	
Insurance Policy Number or Insur. Pcy. #:	
Bank:	
Method of Payment:	
Passport Number or #:	
Title:	

EMPLOYMENT INFORMATION - Use this form to help you fill out your forms for employment.

Occupation: What are you applying for? What type of job? Position or Job Title	
Type of employment – FT (full time) and PT (part time) Seasonal	
Hours of work day time, evening, shift	
Highest level of Education High School, College, University, Business, Trade or Technical. Year completed. Do you have a diploma or degree? What is it? Other training such as WHMIS, First Aid	
Name of last employer and contact information	
Duties and responsibilities - what did you do at work?	
Strengths	
Other Skills you bring to the job you are applying for:	
Hobbies, volunteer activities, sports	
Employer Reference and Personal Reference - phone numbers and names of last employer. Make sure you ask them if you can use their name as a reference. They will tell others if you have done a good job or not.	
What are your employment goals?	
How did you hear about this position?	
