



Employment Questionnaire

In your recent claim for Unemployment Benefits, you indicated that you are working for an employer or are self-employed. To assist us in processing your claim, please answer the following questions and return this form to us without delay.

Name		Social Insurance Number (Mandatory)	
1. What type of work do you do?			
2. Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", go to question 3.			
a) If you are self-employed, provide the name and address of your business, the type of equipment you own to do the work and indicate whether you own or rent the premises for the business.			
Name of business			
Address of business		Postal Code	(Area Code) Telephone Number
Type of equipment and / or premises			
b) What is the value of this equipment and / or premises?			
\$			
c) Does anyone assist you with this work? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please explain.			
3. a) If you are not self-employed, please give the name, address and telephone number of your employer.			
Name of Employer			
Address of Employer		Postal Code	Area Code Telephone Number
b) Does your employer set the hours you work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. a) Is this employment Full-Time or Part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
b) If part-time, would you work full-time in this occupation if full-time work was offered to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please explain			
5. When did you start this employment? Year Month Day		6. When is work performed? Days Evenings Nights Week-ends	

7. What days of the week do you normally work?	7a. Total number of days per week	8. How many hours per day do you normally work?	8a. Are you working these hours now? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	-----------------------------------	---	--

9. How are you paid?

☐ Hourly ☐ Salary ☐ Commission ☐ Contract ☐ Other (explain)

10. Are you paid in any other way than by money? (for example: room and board, etc.) ☐ Yes ☐ No If "Yes", explain

11. What are your gross earnings? \$ Per Year, Month, or Week

12. a) Is your present employment normally your main source of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	b) Are you trying to make this employment your main source of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---	---

13. Are you now seeking other employment? ☐ Yes ☐ No

a) If Yes: Are you seeking... ☐ Full-time work ☐ Part-time work ☐ Both

b) If "Yes", how much time are you devoting to your job search? _____ Number of hours per week _____

c) If "No", explain

Signature	Date (Y Y Y Y - M M - D D)
-----------	----------------------------

The information you provide on this form will be retained in Personal Information Bank entitled "**E.I. Claim File**" (registration number ESDC PPU 150). Instructions for accessing your personal information are given in [Info Source](#). A copy of which is available at all Employment and Social Development Canada offices.

PLEASE QUOTE YOUR SOCIAL INSURANCE NUMBER ON ALL CORRESPONDENCE