

(* mandatory fields)

This worksheet is available for use when there is no access to Mobius

For Office use: HS Identifier:

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Registration Date	M	M	M	D	D	Y	Y	Y	Y	
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Name										
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Registered Name *						Trading Name *					
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	Trading Date	M	M	M	D	D	Y	Y	Y	Y
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Contact										
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Address:										

Address Option	<input type="checkbox"/> Unknown	<input type="checkbox"/> Provided								
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Telephone Number	Business	()	Cellular	()
	Messages	()	Pager	()
	Fax	()	E-mail	()

Further Details (optional)										
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# of Permanent Staff		Size of Employer	<input type="checkbox"/> less than 100	<input type="checkbox"/> up to 500
			<input type="checkbox"/> over 500	

# of Casual Staff		Service Location		
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Business Description		Preferred Communication		
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Employer Type	<input type="checkbox"/> Private	<input type="checkbox"/> Municipal Gov't	<input type="checkbox"/> Provincial Gov't	<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> Association	<input type="checkbox"/> Agency	Preferred Language			
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Industry Type		Special Interest	<input type="checkbox"/> Disabled	<input type="checkbox"/> Immigrant	<input type="checkbox"/> Aboriginal
			<input type="checkbox"/> Older Worker	<input type="checkbox"/> Youth	

Company Contact (optional)										
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Type		Name		Telephone	()	Ext	
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Payment Details (optional)										
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Payment Frequency		Currency	<input type="checkbox"/> Canadian	<input type="checkbox"/> _____
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Next Payment Date		Method of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit Card
			<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Voucher

Communication Exception										
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Method	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Phone	<input type="checkbox"/> TTY	Reason	<input type="checkbox"/> No Fixed address	<input type="checkbox"/> Unsafe address for mail	
					<input type="checkbox"/> Hearing disability	<input type="checkbox"/> Vision disability	<input type="checkbox"/> Literacy

From	M	M	M	D	D	Y	Y	Y	Y	To	M	M	M	D	D	Y	Y	Y	Y
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Freedom of Information and Protection of Privacy Act Statement: *	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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The employer has been informed that the personal information they have provided is collected and used under the authority of the *Government Organization Act*, and managed in compliance with the *Freedom of Information and Protection of Privacy Act*.