

CAW Workers Adjustment Centre—Job Alert Survey

Please fill out the following survey to help the Adjustment Centre address your needs. The personal information collected is confidential and is for the use of the Centre and will not be shared with other Agencies. Occasionally we get short notice of job opportunities. With the information on this form we can notify you immediately before the job has been filled. If your information changes (got a job etc.) please notify us.

Please Print Clearly

Name		What is your preferred way to be contacted by the Centre during Business Hours?	
Email address		Home Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>
Phone Number		Cell Phone Number	
What type of work are you looking for?		What type of work experience do you have?	
1. Are you looking for? <input type="checkbox"/> FT <input type="checkbox"/> P/T <input type="checkbox"/> Days Only <input type="checkbox"/> Afternoons <input type="checkbox"/> Weekends		5. Construction. <i>ie. Roofing, Electrical, Plumbing, Dry walling.</i>	
2. Are you willing to work temporarily? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Truck driving. What licenses do you have? <i>ie. AZ, DZ, Dangerous Goods Certificate? Fast Card?</i>	
3. Are you willing to work with short notice? <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Skilled Trade or Certificates. <i>ie. Welding, Plumbing etc.</i>	
4. Are you willing to accept seasonal or short term work? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Restaurant Services. <i>ie. Cooking, Waitressing etc.</i>	
What type of work are you looking for?		9. Office, Computer	
Please list types of work you looking for.		10. Other	
		11. Is there any type of work that you would not be willing to work or not interested in?	
11. Would you consider accepting jobs in the following areas.			
Chatham	Wallaceburg	Tilbury	Blenheim
Ridgetown	Windsor Area	Other	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	