



Ontario Works

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## SELF-DECLARATION REGARDING EMPLOYMENT

### Participant Details:

Client Name: \_\_\_\_\_ Member I.D.: \_\_\_\_\_  
 —  
 Case Worker: \_\_\_\_\_ Address: \_\_\_\_\_  
 —  
 Contact #: \_\_\_\_\_

### Employment Details:

Employer/Company/Agency Name:	City/Town:
Contact Person:	Contact Number:
Job Description:	Employment Type: <input type="radio"/> Full time employment (more than 30 hours per week) <input type="radio"/> Part time employment (less than 30 hours per week) <input type="radio"/> Contract/temporary employment <input type="radio"/> Relief, casual, or on call employment
Start Date:	End Date: (temporary/contract employment only)
First Pay Date:	Wage/Salary:
Estimated Monthly Earnings:	Do you expect hours to vary each week?
Does your employer provide medical coverage/benefits <input type="radio"/> Yes <input type="radio"/> No	Medical Coverage Start Date:

### Declaration:

*I declare that the information provided*



*above is true to the best of my knowledge  
and believe that no information required  
to be given has been withheld or omitted.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**IMPORTANT: If you have written confirmation of employment please attach.  
If you require items/services to begin employment please include a Start-Up  
Benefit Request Form.**