

Registering as a jobseeker

Case number: _____ (to be filled out by the authority).

Act on the Organisation of Employment Services (380/2023), Sections 27–28

1. Personal information

Last name:

First names:

Personal identity code:

Municipality of residence:

Address:

Postal code:

City or town:

Phone number:

Email address:

Municipality of residence:

Native language:

Service language:

2. Nationality and residence permit

Nationality:

☐ Finnish

☐ citizen of another EU or EEA Member State or Switzerland, please specify: _____

☐ family member of a citizen of another EU or EEA Member State or Switzerland

☐ citizen of another country, please specify: _____

Residence permit (to be filled out by persons who are not citizens of an EU or EEA Member State or Switzerland and their family members)

☐ temporary residence permit (B)

☐ temporary residence permit (B – temporary protection)

☐ continuous residence permit (A)

☐ permanent residence permit (P)

☐ long-term resident's EU residence permit (P-EU or P-EY)

☐ no residence permit.

Right to take employment based on a residence permit (to be filled out persons granted an A or B residence permit)

☐ No

☐ Yes

You have a residence permit for employment. Does your residence permit feature any limitations regarding the employer?

☐ No

☐ Yes

3. Status

Why are you registering as a jobseeker?

☐ I am unemployed or about to become unemployed. My first day of unemployment was/will be ____ / ____ 20____

☐ I am laid off full-time or about to be laid off. My first lay-off day was/will be ____ / ____ 20____

The duration of my lay-off is:

☐ Until further notice

☐ For a fixed term. Please enter the lay-off period(s) that begin(s) within the next month:

☐ I have or am about to have a reduced working week or my working time has been reduced with a lay-off,
I will begin having reduced working weeks on ____ / ____ 20____

How the reduction of working time is being implemented: _____

☐ I work part-time

Please specify in more detail why you are registering as a jobseeker:

☐ For other reasons

Please specify in more detail why you are registering as a jobseeker:

What was your status before job-seeking?

☐ Employed

☐ Participating in municipal activities to support employment

☐ At a general educational institution

☐ At a vocational educational institution

☐ In higher education

☐ In labour training

☐ An entrepreneur

☐ In military or civil service

☐ Serving a prison sentence

☐ On family leave (e.g. maternity, paternity, parental leave)

☐ Ill

☐ Caring for children

☐ On pension

☐ Other circumstances

Unemployment benefit and seeking full-time employment

In order to receive an unemployment benefit from an unemployment fund or Kela, you must seek full-time employment for the entire duration of your unemployment or lay-off. This condition applies to all jobseekers, e.g. persons who are unemployed, laid off, working part-time or a reduced work week, or on sick leave. However, if you are receiving a disability pension as a partial pension, you are entitled to an unemployment benefit even if you are not seeking full-time employment.

Select the option that best describes your situation:

- ☐ I am seeking full-time employment. In order to receive an unemployment benefit, I am willing to accept work offered to me.
- ☐ I am not seeking full-time employment. Because of this, I am not entitled to an unemployment benefit paid by an unemployment fund or Kela.
- ☐ I am receiving a disability pension as a partial pension. In order to receive an unemployment benefit, I am seeking and willing to accept part-time work.

Are you planning to apply for an unemployment benefit?

- ☐ Yes, I will apply for an unemployment benefit.
The payer of the unemployment benefit is _____
- ☐ No, I will not be applying for an unemployment benefit.

Change in job-seeking status

A change can have to do with starting work, studies, family leave or military service, for example.

- ☐ No, my job-seeking status will not change in the next month.
- ☐ Yes, my job-seeking status will change in the next month.

Reason for the change: _____

Start date of the change: ____ / ____ 20____

Will you continue job-seeking after the change? ☐ Yes ☐ No

4. Work experience and training

Specify your work experience and education over at least the past two years. The more specific the information you provide is, the better Helsinki Employment Services can offer services suitable for you.

Profession

Your current profession: _____

- ☐ I have no profession

Employment relationships

List all of your employment and public service employment relationships. Your work history must be up to date and cover at least the past two years. Any unpaid work, e.g. work try-outs, can be mentioned in the 'Other experience' section.

Employment relationship 1

Employer: _____

Job title: _____

☐ Work in Finland, another EU/EEA country or Switzerland

☐ Work in another country

☐ Apprenticeship training

Qualification being obtained: _____

Organiser of the apprenticeship training: _____

Working time: ☐ Full-time ☐ Part-time, working time: ____ hours per week ____ hours per month

Status / reason for ending: _____

Start date of the employment relationship (DD MM YYYY): ____ / ____ 20____

End date of the employment relationship (DD MM YYYY): ____ / ____ 20____

Description of the work experience (for example, you can list your work duties or skills obtained in the work).

Employment relationship 2

Employer: _____

Job title: _____

☐ Work in Finland, another EU/EEA country or Switzerland

☐ Work in another country

☐ Apprenticeship training

Qualification being obtained: _____

Organiser of the apprenticeship training: _____

Working time: ☐ Full-time ☐ Part-time, working time: ____ hours per week ____ hours per month

Status / reason for ending: _____

Start date of the employment relationship (DD MM YYYY): ____ / ____ 20____

End date of the employment relationship (DD MM YYYY): ____ / ____ 20____

Description of the work experience (for example, you can list your work duties or skills obtained in the work).

Employment relationship 3

Employer: _____

Job title: _____

☐ Work in Finland, another EU/EEA country or Switzerland

☐ Work in another country

☐ Apprenticeship training

Qualification being obtained: _____

Organiser of the apprenticeship training: _____

Working time: ☐ Full-time ☐ Part-time, working time: ____ hours per week ____ hours per month

Status / reason for ending: _____

Start date of the employment relationship (DD MM YYYY): ____ / ____ 20____

End date of the employment relationship (DD MM YYYY): ____ / ____ 20____

Description of the work experience (for example, you can list your work duties or skills obtained in the work).

Employment relationship 4

Employer: _____

Job title: _____

☐ Work in Finland, another EU/EEA country or Switzerland

☐ Work in another country

☐ Apprenticeship training

Qualification being obtained: _____

Organiser of the apprenticeship training: _____

Working time: ☐ Full-time ☐ Part-time, working time: ____ hours per week ____ hours per month

Status / reason for ending: _____

Start date of the employment relationship (DD MM YYYY): ____ / ____ 20____

End date of the employment relationship (DD MM YYYY): ____ / ____ 20____

Description of the work experience (for example, you can list your work duties or skills obtained in the work).

Employment relationship 5

Employer: _____

Job title: _____

☐ Work in Finland, another EU/EEA country or Switzerland

☐ Work in another country

☐ Apprenticeship training

Qualification being obtained: _____

Organiser of the apprenticeship training: _____

Working time: ☐ Full-time ☐ Part-time, working time: ____ hours per week ____ hours per month

Status / reason for ending: _____

Start date of the employment relationship (DD MM YYYY): ____ / ____ 20____

End date of the employment relationship (DD MM YYYY): ____ / ____ 20____

Description of the work experience (for example, you can list your work duties or skills obtained in the work).

- ☐ I affirm that I have listed all of my employment and public service employment relationships from at least the past two years, as well as all of my employment and public service employment relationships that have not ended.

Business activities

List your operations as an entrepreneur or family entrepreneur, as well as any activities for which you charge customers through an invoicing service cooperative. Work other than that in an employment or public service employment relationship (e.g. freelance work and assignment contracts) constitutes business activities. Your business activity history must be up to date from at least the past two years.

Business activity 1

Type of business activity (own business activities, family business, activities charged for through an invoicing service cooperative, other business activities [e.g. freelance work or assignment contracts])

Name of the business:

Business ID:

Business type:

Job title:

Start date of the business activities (DD MM YYYY): ____ / ____ 20____

End date of the business activities (DD MM YYYY): ____ / ____ 20____

Status: ☐ My work has ended ☐ My work is ongoing or is about to begin ☐ Sick leave

Description of your work in the business activities (for example, you can list your work duties or skills obtained in the work).

- ☐ I have or have had YEL (self-employed persons' pension) insurance

Have you given up your YEL insurance?

☐ Yes, I have. End date of the validity of the insurance: ____ / ____ ____

☐ No, I have not.

- ☐ The business is or has been listed in the Prepayment Register

Has the business been removed from the Prepayment Register?

☐ Yes, it has. Date of submission of the cessation notification: ____ / ____ ____

☐ Yes, it has. Date of removal from the Register: ____ / ____ ____

☐ No, it has not.

- ☐ The business is or has been listed in the VAT Register
- Has the business been removed from the VAT Register?
- ☐ Yes, it has. Date of submission of the cessation notification: ____ / ____ ____
- ☐ Yes, it has. Date of removal from the Register: ____ / ____ ____
- ☐ No, it has not.
- ☐ The business is or has been listed in the Employer Register
- Has the business been removed from the Employer Register?
- ☐ Yes, it has. Date of submission of the cessation notification: ____ / ____ ____
- ☐ Yes, it has. Date of removal from the Register: ____ / ____ ____
- ☐ No, it has not.

Business activity 2

Type of business activity (own business activities, family business, activities charged for though an invoicing service cooperative, other business activities [e.g. freelance work or assignment contracts])

Name of the business:

Business ID:

Business type:

Job title:

Start date of the business activities (DD MM YYYY): ____ / ____ 20____

End date of the business activities (DD MM YYYY): ____ / ____ 20____

Status: ☐ My work has ended ☐ My work is ongoing or is about to begin ☐ Sick leave

Description of your work in the business activities (for example, you can list your work duties or skills obtained in the work).

- ☐ I have or have had YEL (self-employed persons' pension) insurance
- Have you given up your YEL insurance?
- ☐ Yes, I have. End date of the validity of the insurance: ____ / ____ ____
- ☐ No, I have not.

- ☐ The business is or has been listed in the Prepayment Register
- Has the business been removed from the Prepayment Register?
- ☐ Yes, it has. Date of submission of the cessation notification: ____ / ____ ____
- ☐ Yes, it has. Date of removal from the Register: ____ / ____ ____
- ☐ No, it has not.
- ☐ The business is or has been listed in the VAT Register
- Has the business been removed from the VAT Register?
- ☐ Yes, it has. Date of submission of the cessation notification: ____ / ____ ____
- ☐ Yes, it has. Date of removal from the Register: ____ / ____ ____
- ☐ No, it has not.
- ☐ The business is or has been listed in the Employer Register
- Has the business been removed from the Employer Register?
- ☐ Yes, it has. Date of submission of the cessation notification: ____ / ____ ____
- ☐ Yes, it has. Date of removal from the Register: ____ / ____ ____
- ☐ No, it has not.

- ☐ I affirm that I have listed all of my business activities from at least the past two years. I have also listed all of my business activities for which I have had or continue to have YEL or MYEL insurance. I also affirm that I have listed all of my business activities that have not been removed from the Prepayment, Employer and VAT Registers.

Education

List all of your education programmes and qualifications, including ongoing and suspended ones. Enter at least one general education programme (e.g. comprehensive school or general upper secondary school) that you have completed and all other education programmes and qualifications obtained over at least the past two years. Enter at least one general education programme, even if it is ongoing or suspended.

Education 1

Name of the qualification or education programme:

Educational institution or education provider:

Start date of the education programme (DD MM YYYY): ____ / ____ 20____

End date of the education programme (DD MM YYYY): ____ / ____ 20____

- ☐ My studies are suspended. Date of suspension: ____ / ____ 20____

Description of the education programme (for example, you can list the content of the programme and what you have learned):

Certificate

- ☐ I have not received a certificate
- ☐ I have received a qualification certificate
- ☐ I have received another kind of certificate for completing my studies
- ☐ I have received a certificate confirming that I have left the educational institution

Education 2

Name of the qualification or education programme:

Educational institution or education provider:

Start date of the education programme (DD MM YYYY): ____ / ____ 20____

End date of the education programme (DD MM YYYY): ____ / ____ 20____

☐ My studies are suspended. Date of suspension: ____ / ____ 20____

Description of the education programme (for example, you can list the content of the programme and what you have learned):

Certificate

- ☐ I have not received a certificate
- ☐ I have received a qualification certificate
- ☐ I have received another kind of certificate for completing my studies
- ☐ I have received a certificate confirming that I have left the educational institution

Education 3

Name of the qualification or education programme:

Educational institution or education provider:

Start date of the education programme (DD MM YYYY): ____ / ____ 20____

End date of the education programme (DD MM YYYY): ____ / ____ 20____

☐ My studies are suspended. Date of suspension: ____ / ____ 20____Description of the education programme (for example, you can list the content of the programme and what you have learned):

Certificate

☐ I have not received a certificate☐ I have received a qualification certificate☐ I have received another kind of certificate for completing my studies☐ I have received a certificate confirming that I have left the educational institution

Education 4

Name of the qualification or education programme:

Educational institution or education provider:

Start date of the education programme (DD MM YYYY): ____ / ____ 20____

End date of the education programme (DD MM YYYY): ____ / ____ 20____

☐ My studies are suspended. Date of suspension: ____ / ____ 20____

Description of the education programme (for example, you can list the content of the programme and what you have learned):

Certificate

- ☐ I have not received a certificate
- ☐ I have received a qualification certificate
- ☐ I have received another kind of certificate for completing my studies
- ☐ I have received a certificate confirming that I have left the educational institution
-
- ☐ I assure that I have reported all my studies from at least the past two years, as well as all ongoing studies that have not yet been completed

Other experience

Describe what skills you have obtained in different work, study or leisure time projects, volunteer work, trust activities or other unpaid work, e.g. a work try-out.

Other experience 1

Name of the experience: _____

Start date of the experience (DD MM YYYY): ____ / ____ 20____

End date of the experience (DD MM YYYY): ____ / ____ 20____

Description of the experience and skills obtained during it (for example, you can list the content of the experience and what you have learned):

Other experience 2

Name of the experience: _____

Start date of the experience (DD MM YYYY): ____ / ____ 20____

End date of the experience (DD MM YYYY): ____ / ____ 20____

Description of the experience and skills obtained during it (for example, you can list the content of the experience and what you have learned):

5. Skills and wishes regarding work

Describe the skills you have that you would like to put to use in relevant work.

What kind of work are you seeking? For example, describe your dream profession or what kind of duties you would like to perform and in what industry.

Where are you seeking work? Enter a region, municipality or country.

☐ I am willing to travel in my work

☐ I am willing to work remotely

Language skills

Specify which languages you know and your level of proficiency.

	Native language	Very good	Good	Satisfactory	Beginner
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Driver's licence

Valid driver's licences

☐ Car (B)

☐ Motorcycle (A1, A2 or A)

☐ Lorry (C1 or C)

☐ Lorry and trailer (C1E or CE)

☐ Car and trailer (B96 or BE)

☐ Bus (D1 or D)

☐ Bus and trailer (D1E or DE)

Additional information (e.g. uncommon driver's licences or willingness to drive):

☐ I have a car at my disposal.

Professional cards and licences

What licences and qualifications do you have?

- | | | |
|------------------------------------------|----------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Hygiene pass | <input type="checkbox"/> Hot work card | <input type="checkbox"/> Occupational safety card |
| <input type="checkbox"/> Alcohol licence | <input type="checkbox"/> First aid 1 | <input type="checkbox"/> Forklift licence |

Other card or licence: _____

Additional information (e.g. validity information): _____

6. Service needs assessment**Employment capabilities**

Assess how the following factors affect your chances of finding employment.

My skills are in order, so I believe I will find employment within the next three months

- ☐ Yes
- ☐ No

My skills are inadequate for the work I am seeking, because:

- ☐ I have been out of work for a long time
- ☐ My skills are not up to date in all respects
- ☐ I lack licences or certificates needed for the duties, or they have expired

My work experience is sufficient for the work I am seeking

- ☐ Yes
- ☐ No

I do not think that my work experience is sufficient, because:

- ☐ I have only recently graduated
- ☐ I have very little or no work experience
- ☐ My work experience is not from the industry that I am seeking work in

Jobs suitable for me are available

- ☐ Yes
- ☐ No

My education and training are sufficient and up to date

- ☐ Yes
- ☐ No

I currently have factors in my life that hinder my employment

☐ Yes

You can specify your life situation:

☐ No

Job-seeking skills

How are your job-seeking skills? Select the number that best describes your skills:

☐ 0
 ☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6
 ☐ 7
 ☐ 8
 ☐ 9
 ☐ 10

0 = I do not know how to seek work. I need plenty of personal advice and guidance in job-seeking.

1–3 = I have a lot more to learn about job-seeking. I need advice and guidance.

4–5 = My job-seeking skills are not up to date. I need more information and advice for job-seeking.

6–7 = I know how to seek work, but I am not sure if I know which job-seeking methods are the most suitable for me.

8–10 = I am able to use different job-seeking methods diversely and effectively. I do not feel that I need help.

Work ability

Assess how your work ability affects your chances of finding employment.

Let us assume that at its best, your work ability has been awarded 10 points. How many points would you award to your current work ability? Select the number that best describes your situation.

If you are currently unemployed, assess your latest job or the requirements of your profession. If you have no profession, assess your situation in relation to the job that you would like to have.

I am completely unable to work

My work ability is at its best

☐ 0
 ☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6
 ☐ 7
 ☐ 8
 ☐ 9
 ☐ 10

If you selected a number between 0 and 7, please provide more detail on why you chose this number, so that we can serve you better.

Objectives for employment

Finally, tell us what other objectives you have to help you find employment.

My objective is – select one or several options:

- ☐ Finding employment first and foremost
- ☐ Studying or applying for studies – select one of the following:
- ☐ I have applied for studies
 - ☐ I have not applied for studies
 - ☐ I am currently studying part-time
- ☐ Changing my profession – select one of several of the following:
- ☐ For health reasons
 - ☐ There are no jobs in my current field
 - ☐ For other reasons

You can specify the reason further here: _____

- ☐ Entrepreneurship – select one or several of the following:
- ☐ I have a business concept
 - ☐ I need to improve my capabilities for entrepreneurship
 - ☐ I am currently working as an entrepreneur

7. Consent to presentation

In addition to jobseeker profiles published on Job Market Finland, labour service specialists also present jobseekers to employers and provide employers with information necessary for filling vacancies. Information necessary for filling a job vacancy includes the jobseeker's name and contact information, as well as information concerning their education, skills and work experience.

Do you consent to the disclosure of your information to employers?

- ☐ Yes, labour service specialists may disclose my information to employers.
- ☐ No, labour service specialists may not disclose my information to employers.

8. Signature

Place and date: _____

Signature

Name in block letters: _____