



Ermineskin Aboriginal Skills & Employment Training

Box 219, Hobbema, Alberta T0C 1N0

(780) 585-0191, 585-0192 Fax (780) 585-3319 Toll free 1-866-585-3941 ext. 251

Safety Ticket & EAS Guidelines / Checklist

Dear Applicant:

For your application to be processed and reviewed, all requested information in the application package must be provided.

Application Form Checklist

- ASETS Safety Tickets &EAS Application
- Proof of Employment
- Equipment List (applies to safety gear only)
- SIN#

Please Note Application Deadlines:

Safety Ticket Training —————> 2 weeks Prior to start date of Program

Safety Gear (EAS) —————> minimum of 48 hours notice is needed



Ermineskin Aboriginal Skills & Employment Training

Box 219, Hobbema, Alberta T0C 1N0

(780) 585-0191, 585-0192 Fax (780) 585-3319 Toll free 1-866-585-3941 ext. 251

ERMINESKIN ASET Safety Ticket & EAS APPLICATION

First Name	Phone #
Middle Name	Messages
Last name	E-mail
Date of Birth Month day year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

IF you self Identify with an Aboriginal group, are you? (Please circle)

Status Indian

Non- Status

Metis

Inuit

Non-Aboriginal

First Nation (Band Name) & Number Band name number	SIN
--	-----

Address

Street/ Box #	City
Province	Postal Code

Requested Training

Program Name	Length of program
School/Institution Name	Start date
School/ Institution Address & Contact Number	End date

Employment (please circle)					
Employed	Unemployed	Self-employed	Student		
Marital Status (Please Circle)					
Married	Single	Common Law	Separated	Divorced	Widowed
How many dependents do you have?			Is your Spouse:		

Dependents information

Name	Age	Female / Male

Education History

Last level of Education Completed:		Institution Name:	
City/Province		Length of course/Program	
Certificate	Diploma	Degree	Trades Safety Tickets
List Tickets:			

Employment History

Current/ Most Recent Job	
Job Title	Supervisor
Employer	Years there
Reason For leaving:	

Second last Job	
Job Title	Supervisor
Employer	Years there
Reason For leaving:	

Source of Income at Present time

Are you eligible for EI? YES NO	Start Date: End Date:	Explain:
Have you received EI in the last 5 years? (Circle answers) YES NO		Maternity Benefits Paternity Benefits
Are you currently on Income Support? (circle answer) YES NO	Start Date: Name of Case Worker:	Have you accessed the Learner Program? (circle answer) YES NO
Have you looked for other sources of funding? (Circle answer) YES NO	<input type="checkbox"/> Student Finance <input type="checkbox"/> Continuing Education <input type="checkbox"/> Private Finance <input type="checkbox"/> Post Secondary Program <input type="checkbox"/> AHRE (ACCESS, Alberta Works, etc) <input type="checkbox"/> Adult Literacy Up-grading Program	
OTHER YES NO	Spouse's, CCTB, etc. Explain:	

Persons With Disabilities

Do you consider yourself a person with a disability? (ex. Diabetes, epilepsy, asthma, etc.) YES NO	What is the nature of your disability?
Do you have health problems that require you to accept certain kinds of work? YES NO	Explain:
Please advise what kind of restrictions you have and if you need special medication or special equipment:	
Emergency Contacts other than spouse: Name : Name:	Phone: Phone:

Client Confidentiality & Consent Form

- This information is collected under the authority of the Aboriginal Skills & Employment Training Services Agreement signed between Human Resource Skills Development Canada and Ermineskin Cree Nation. This information will be used to gather and store client information so as to determine your entitlement to programs, services and /or funding. The Privacy Act of Canada restricts any sharing of your personal data unless your written permission is first obtained. By signing this registration, you authorize us to share only that information which is required by our partners in program and service delivery.
- You have access to information (under the Access to Information Act) that we maintain about you and may request to see it upon one day's written notice of such a request. Be reminded that Ermineskin Aboriginal Skills & Employment Training Services is merely a custodian of the information gathered on clients and that all information is the sole property of the Aboriginal Skills & Employment Training Canada. You are NOT entitled to take possession of your file, but may request to see, add or change information therein.

AGREEMENT TO PROVIDE INFORMATION AND AUTHORIZATION TO SHARE IT WITH PARTNERS:

I, the under signed, have read and understand this registration form including the advice on client confidentiality. To the best of my knowledge, the information I have provided is correct and complete. I will advise the Ermineskin Aboriginal Skills & Employment Training Services of any changes within 48 hours. Should I decide to apply for funding from Ermineskin Aboriginal Skills & Employment Training Services, I understand that this information shall be considered as part of any application for

I, _____, hereby grant permission to the Ermineskin ASETS/Six

Independent Alberta First Nations to :

- Photograph
- Display my Testimony
- Reproduce my Testimony

I understand that this may be shown at displays during open house, Annual Reports in the communities.

I, _____, hereby consent to the use, and disclosure of ALL

Clients name (Print): _____

First Name

Middle Name

Last Name

Signature: _____

Date: _____

Day

Month

Year

Ermineskin ASETS STAFF ONLY

Date of Application: _____

- Letter of Employment
- List of Equipment (safety gear only)
- SIN
- List of Safety Ticket courses *required* for employment

- Make appointment with Project Officers
- Confirm Documents

date confirmed _____) _____
(initial)

Client Level : _____

Appointment with Project Officer: _____
(project officers name)

At _____ on _____
(time) (date)

Questions for the applicant

1. What is your job?
2. Is the position full-time?
3. Is this a long term position?
4. Do you see this job as a career? How long do you plan to be working at this job?
5. Are you facing any barriers at this time that could affect your employment?

Comments:

Project Officer: _____