



# **Neyaskweyahk Employment Skills Training**

Box 219, Maskwacis, Alberta T0C 1N0

Phone: (780) 585-0191, 585-0192 Fa: (780) 585-3319

## **Neyaskweyahk Employment Skills Training Class 7– Driver's Training Program Application Form**

**Dear applicant, \_\_\_\_\_**

**In order for your application to be processed and reviewed, all required information must be provided.**

**Application must be signed by applicant.**

**\* It is also very important that you provide a contact number and a number for messages.**

**\* If you are not an Ermineskin Band member, then the land location of your home must be provided (including house number with home owner's name)**

# CLASS 7-DRIVER'S TRAINING PROGRAM 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
First Nation (Band Name) & Number  Band name                                      number	SIN

## Address

Street/ Box #	City
Province	Postal Code
Are you the Home owner?      YES      NO If NO, <b>Who is the Home owner?</b>	<b>House Number:</b>  <b>Location:</b>

## Education/ Certification

Highest Grade Completed:	School Name:	Year:
	City	Province
College/University/Technical School		<b>Do you have any Fines/Suspensions?</b>
Did you obtain: Certificate Diploma Degree	Do you have a Ticketed Trade?  YES                      NO  If yes, What is the name of your Trade:  _____	<p style="color: red; font-weight: bold;">YES                      NO</p> <p style="color: red; font-weight: bold;">If yes, what kind? _____</p> <p style="color: red; font-weight: bold;">Do you have transportation Problems? (rides to work/school)</p> <p style="color: red; font-weight: bold;">YES                      NO</p>

# EMPLOYMENT HISTORY

Employment (please circle)	
Employed	Unemployed
Self-employed	Student
Marital Status (Please Circle)	
Married	Single
Common Law	Separated
Divorced	Wid- owed
Do you have any dependents? How many? _____	Is your Spouse: Employed                      Unemployed
Are you currently on Income Support?  <b>YES</b> <b>NO</b>	Start date: _____  Name of Case Work- er: _____

## CLIENT CONFIDENTIALITY AND CONSENT FORM

- This information is collected under the authority of the Ermineskin Indigenous Skills & Employment training Program Agreement. Signed between Human Resource Skills Development Canada and Ermineskin Cree Nation. This information will be used to gather and store 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 programs 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 Skill & Employment Training Program is merely a custodian of the information gathered on clients and that all information is the sole property of the Human Resource Skill Development 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 AUTHORITY TO SHARE IT WITH PARTNERS.

I, \_\_\_\_\_, the undersigned, 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 Neyaskweyahk Employment Skills Training of any changes within 48 hrs. Should I decide to apply for funding from Ermineskin Human Resource Skill Development, I understand that this information shall be considered as part of any application for funding.

Client Name (PRINT):

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_