



Neyaskweyahk Employment Skills Training

Box 219, Maskwacis, Alberta T0C 1N0

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

Toll free: 1-866-585-3941 ext. 251

Safety Ticket & EAS Application

Guidelines / Checklist

NAME: _____

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

Application Form Checklist

- NEST Safety Tickets & EAS Application
- Proof of employment**
- Equipment List (applies to safety gear only, and must be on employment letter)**
- List of Safety tickets required for employment (must be on employment letter)**
- SIN#**

Please Note Application Deadlines:

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

Safety Gear (EAS) —————> As specified in employment letter



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NEST 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 |
| 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, Who is the Home owner? | House Number: Location: |

| | |
|--|--|
| Type of Funding requested | |
| Safety tickets (please list): | Equipment required for employment (please list): |
| Does your Employment letter include a list? YES NO | |

| | | | | | |
|---------------------------------------|------------|---------------|-----------------|------------|---------|
| 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: | | |
| | | | Employed | Unemployed | |

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"/> Private Finance <input type="checkbox"/> AHRE (ACCESS, Alberta Works, etc) | <input type="checkbox"/> Continuing Education <input type="checkbox"/> Post Secondary Program <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 : Phone number: | Name: Phone number: |

Client Confidentiality & Consent Form

- This information is collected under the authority of the Indigenous 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 Neyaskweyahk Employment Skills Training is merely a custodian of the information gathered on clients and that all information is the sole property of the Indigenous 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 Neyaskweyahk Employment Skills Training of any changes within 48 hours. Should I decide to apply for funding from Neyaskweyahk Employment Skills Training, I understand that this information shall be considered as part of any application for funding.

I, _____, hereby grant permission to the Neyaskweyahk Employment Skills Training 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 personal information listed.

Clients name (Print): _____

First Name

Middle Name

Last Name

Signature: _____

Date: _____

Day

Month

Year

NEST 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: