

## **Ermineskin Aboriginal Skills Employment**

Box 219, Hobbema, Alberta, TOC INO (780) 585-0191 Fax (780) 585-3319 Toll free - 1866-585-3941

# **Ermineskin Aboriginal Skills Employment Capacity Program Application Form**

You are Applying For:					
Class 1 – 7	Employment/ Education Cost				
Drivers License Renewal	Criminal Record Check Fee				
Rent\ Damage	GED Testing				
Birth Certificate					
Social Insurance Card					
School Registration Fee					

Dear applicant: for your application to be processed and reviewed, all required information MUST be provided and MUST be readable.

### **APPLICATION FORM CHECK LIST:**

Full Application
Letter of Employment/ School Confirmation
Personal Letter of Support
Documents to verify what type of support you are requesting

## **CAPACITY PROGRAM APPLICATION**

First Name			Phone #		
Middle Name			Emergency Contact #		
Last name			E-mail		
Date of Birth			Gender  Male		
Month day	year		☐ Female		
Are you an ERMINESKIN BAND Member? Yes □ No □ Band #:			SIN		
Address					
Street/ Box #			City		
Province			Postal Code		
At present your income is provided By			Social Services		
■ Employment			YES	NO	
Student Finance		Office Location:			
Other :			Start date:		
		End Date:			
<b>Education/ Certification</b>	n				
Highest Grade Completed:	School Name:			Year:	
	City	Province			
College/University/Technical School		Do you have a Valid Driver's License			
Did you obtain:	Do you have a Ticketed Trade?			NO	
Certificate	YES NO	What class Driver's License :			
Diploma	If yes, What is the name of	Do you have transportation Problems?			
Degree	your Trade:	YES		NO	
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#### **EMPLOYMENT HISTORY** Company Phone number Address Supervisor name Job Title Dates of Employment Reason for leaving From То What type of work are you seeking? (2<sup>nd</sup> Option) Employment sought? ■ Part-Time ■ Full-Time ■ Full-Time ■ Part-Time Temporary Temporary Permanent Permanent Contract Contract If so, Where? Are you willing to relocate for employment/education? YES NO CLIENT CONFIDENTIALITY AND CONSENT FORM This information is collected under the authority of the Ermineskin Aboriginal 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 Ermineskin Aboriginal Skill Employment 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 \_\_\_\_\_