





WOLASTOQEY TRIBAL COUNCIL INC.

 Matawaskiye

 Wotstak

 Bilijk

 Sitansisk

 Welamukotuk

CLIENT INFORMATION

Office Use Only	<input type="checkbox"/> CRF	<input type="checkbox"/> EI	<input type="checkbox"/> FNIYES	<input type="checkbox"/> OTHER
Start Date:			End Date:	
Amount:			Weeks:	
Social Insurance Number:		Date of Birth (dd/mm/yyyy)		
Name of Band:		Band Number:		
First Name:	Middle Initial	Last Name		
Mailing Address		Postal Code		
City/Town	Province	Home Phone		
Email	Cell Phone			
Indigenous Group	<input type="checkbox"/> Indigenous	<input type="checkbox"/> Non-Indigenous	<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Common-law	<input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Is childcare needed?	<input type="checkbox"/> yes <input type="checkbox"/> No	Number of dependent children (Living with you)		
Living on Reserve	<input type="checkbox"/> yes <input type="checkbox"/> No	Do you consider yourself to be a person with a disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Languages Spoken	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Indigenous Language	<input type="checkbox"/> Other
Employed Status	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student Job Title:
Banking Information	Transit:	Branch:	Account #:	

EDUCATION & TRAINING


Education Level *at intake*


<input type="checkbox"/> No formal education	<input type="checkbox"/> Up to Grade 7-8	<input type="checkbox"/> Grade 11 or 12 incomplete
<input type="checkbox"/> Secondary School Diploma/GED	<input type="checkbox"/> Some Post-Secondary	<input type="checkbox"/> Apprenticeship/Trades certificate or diploma
<input type="checkbox"/> College Diploma	<input type="checkbox"/> Non-university certificate or diploma	<input type="checkbox"/> University certificate or diploma
<input type="checkbox"/> University - bachelor's degree	<input type="checkbox"/> University - Masters	<input type="checkbox"/> University - Doctorate






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Trades (Including Heavy Equipment)	Level/Red Seal	Specialization	Years Experience
1			
2			
3.			

TRADITIONAL/CULTURAL SKILLS (Trapping, Hunting, Fishing, Beading, Painting, Carving, Woodworking)

Computer/Technology Skills:

Microsoft Word Microsoft Excel PowerPoint Email / Internet Search Office Systems GIS

Other: _____

CERTIFICATES (First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)

Certification	level	Registrar	Expiry date
1.			
2.			
3.			

Drivers Licenses (Class)	Number	Province	Expiry date
1			
2			

Do you have your own Vehicle Yes No Access to Transportation Yes No

Are you ready, willing, and available for work/training? Yes No

If yes, what type of employment? Full Time Part Time Seasonal Self-Employed Contract

Are you willing to relocate? Yes No **Working shiftwork?** Yes No

Hourly wage expectation? Min-Wage min wage - \$20 Over 20\$


Clean criminal record Yes No Not Sure

Valid passport? Yes, Expiry Date No






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Volunteer work

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY starting from most recent work experience, please list employment history:

Employer	Job Title	Dates	Reason for leaving
1.			
2.			
3.			

SOURCE OF INCOME at intake

- Employment** Yes No
- New Brunswick Works Recipient** Yes No
- Employment Insurance (EI) Benefits** Yes No
- Reach-Back Client (on EI in the last 3 years or on Special Benefits in the last 5 years)
- None Other

Barriers to Employment - Check all that apply

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Education | <input type="checkbox"/> Physical Emotional or Mental Health |
| <input type="checkbox"/> Remoteness | <input type="checkbox"/> Lack of Work Experience | <input type="checkbox"/> Lack of Labor Force Attachment |
| <input type="checkbox"/> Language | <input type="checkbox"/> Lack of Work Transportation | <input type="checkbox"/> Dependent Care |
| <input type="checkbox"/> Economic | <input type="checkbox"/> Lack of Marketable Skills | <input type="checkbox"/> Other |

Physical Capabilities:

- Sitting Standing Lift Over 50lbs Walking Outdoor Work

Emergency Contact Information

Name: _____ Relationship: _____ Contact Number: _____





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PROGRAM PARTICIPANT'S ACKNOWLEDGEMENT

I, _____, declare that the information provided above is true to the best of my knowledge. I acknowledge that I have submitted the above application to _____ First Nation Employment Officer.

In signing this application, I hereby authorize the First Nation to disclose the following personal information to Service Canada and or Post-Secondary Education Training and Labour (PNB): name, social insurance number, address, date of birth, Indigenous status, education and training participation and attainment, and past income sources as indicated above.

Furthermore, I give my permission to the First Nation to make inquiries and receive information regarding my current and past sources of income, including Employment Insurance, Post-Secondary Education, Training and Labour, First Nation Social Assistance, Provincial Social Assistance, etc., as well as make inquiries to educational/training institutions and Programs regarding past educational/training records, including transcripts, grades, attendance, and conduct.

Under the Privacy Act the personal information collected on this form may be accessed by the participant. The information is kept on file within your respective Employment Training Officer and your First Nation's respective Human Resource Department which is kept strictly confidential in accordance with the Privacy Act.

By electronically signing this document you agree that this electronic signature is the legally binding equivalent to your handwritten signature.

Print Name

Signature:

Date:

Witness:

