



ALL FIELDS ARE MANDATORY

PLEASE PRINT CLEARLY

Applicant Personal Information

Name: _____ SIN#: _____

Address: _____ Telephone #: _____

_____ Fax #: _____

_____ E-mail: _____

Gender: Male Female Date of Birth: _____

Marital Status: Single Married Other No. of Dependents: _____

Preferred Language: English French Other _____

Please state potential employer: _____

Are you an immediate family member of the employer? Yes No

Highest Level of Education Attained: _____

Grade Level completed: _____ Year: _____

Post-Secondary completed: _____ Year: _____

Qalipu Mi'kmaq First Nation Band Registration Number: _____

Do you have a disability? Yes No

If "yes", please specify: _____

Are you currently registered as a full-time student? Yes No

If "yes", please indicate program of study and institution:



Program of study: _____

Institution: _____

Do you intend on returning to full-time studies in September 2017? Yes No

Please state your employment goals:

Please indicate any barriers you have to employment:

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Education |
| <input type="checkbox"/> Lack of Labour Force Attachment | <input type="checkbox"/> Economic |
| <input type="checkbox"/> Lack of Work Experience | <input type="checkbox"/> Dependent care |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Lack of marketable skills |
| <input type="checkbox"/> Remoteness | <input type="checkbox"/> Physical, emotional, or mental health |
| <input type="checkbox"/> Language | |
| <input type="checkbox"/> Other barrier(s) not listed above: _____ | |

Declaration

Applications may also be used for public documents such as Minutes, Work Force Qalipu Reports, Board Kits etc. The Qalipu Mi'kmaq First Nation Band agrees to share this information with Service Canada.

I declare that the information contained in this application is true and accurate to the best of my knowledge.

I understand that Work Force Qalipu will contact me through e-mail and I understand that it is my responsibility to notify Work Force Qalipu if any of the above contact information changes.

Signature of Applicant

Date of Application (Month/Day/Year)

Submit Applications to:

Work Force Qalipu
YSEP 2016
Attention: Vickie MacDonald
3 Church Street
Corner Brook, NL A2H 2Z4

E-mail: vmacdonald@qalipu.ca

For more information, please call: 1-709-634-6893

FAXED APPLICATIONS CANNOT BE ACCEPTED

**YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE
IF THE FOLLOWING ARE NOT ATTACHED:**

- Completed Student Application Form;
- Resume;
- If applying as Aboriginal person, please provide documentation (Band card, FNI letter, etc.); and,
- Confirmation of Enrollment in Full-time Studies.