



## Employment Assistance Programs Application

**All Fields Are Mandatory**

**PLEASE PRINT CLEARLY**

Wage Subsidy Program:       Grad Incentive Program (Wage Subsidy)   
Seasonal Wage Subsidy Program:       Grad Incentive Program (Lump Sum Bonus)

### **EMPLOYER INFORMATION**

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

Is the proposed employee related to the employer?      Yes       No   
If "yes", please state relationship: \_\_\_\_\_

Has the business been previously approved for an employment program?      Yes       No   
If "yes", please indicate funding agency, type of employment program and duration of agreement:  
\_\_\_\_\_  
\_\_\_\_\_

Is the proposed employee currently working with the company?      Yes       No

Location of employment: \_\_\_\_\_

Is this a home based business?      Yes       No

Type of business:      Non-profit       Public       Government       Local Business

Aboriginal ownership: Yes-Majority       Yes-Minority       Yes-Percentage Unknown       None

Number of employees: \_\_\_\_\_

Please indicate job title: \_\_\_\_\_

Please indicate Workers Compensation Assessment Rate: \_\_\_\_\_



## Employment Assistance Programs Application

Please indicate anticipated start date: \_\_\_\_\_

Is this full or part-time employment?                      Full-time                       Part-time

Please indicate the number of hours per week: \_\_\_\_\_

Please indicate the proposed hourly wage: \_\_\_\_\_

Are you receiving funds from other sources to contribute to this employment?    Yes                       No

If “yes”, please indicate what source(s): \_\_\_\_\_

Brief history of the business:

*\*Attach a separate sheet if necessary*

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Prospect of future employment after the wage subsidy is complete:

*\*Attach a separate sheet if necessary*

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Additional information:

*\*Attach a separate sheet if necessary*

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**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ SIN#: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_

Marital Status: Single  Married  Other  If "other", please specify: \_\_\_\_\_

No. of Dependents: \_\_\_\_\_ Age of Dependents: \_\_\_\_\_

Preferred Language: English  French  Other  \_\_\_\_\_

Highest Level of Education Attained:

Grade Level completed: \_\_\_\_\_ Year: \_\_\_\_\_

Post-Secondary completed: \_\_\_\_\_ Year: \_\_\_\_\_

Qalipu First Nation Band Registration #: \_\_\_\_\_

If you're not a member of the Qalipu Mi'kmaq First Nation Band, please indicate the Band or organization in which you are a member: \_\_\_\_\_

Are You Employed? Yes  No

If "yes", please indicate your gross weekly income: \$ \_\_\_\_\_

If "yes", please indicate the number of hours you work per week: \$ \_\_\_\_\_

If "no", are you in receipt of EI benefits? Yes  No

If "no", have you been in receipt of EI benefits in the past three years? Yes  No

If "yes", please indicate your weekly EI rate: \$ \_\_\_\_\_

Do you have a disability? Yes  No

If "yes", please specify: \_\_\_\_\_



## Employment Assistance Programs Application

Please state your employment goals:

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Please indicate any barriers you have to employment:

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

Additional information:

*\*Attach a separate sheet if necessary*

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## Employment Assistance Programs Application

### DECLARATION

Applications may also be used for public documents such as Minutes, Education and Training Reports, and Board Kits etc. The Qalipu First Nation Band agrees to share this information with Service Canada or Aboriginal Affairs and Northern Development Canada.

I give permission to Education and Training to request a Certificate of Clearance from WorkplaceNL (formerly known as WHSCC – Workplace, Health, Safety and Compensation of Newfoundland and Labrador).

I understand that Education and Training will make contact through e-mail and I understand that it is my responsibility to notify Education and Training if any of my contact information changes.

If applying for the Wage Subsidy Program or Grad Incentive Program (Wage Subsidy), I understand that the employee cannot begin employment until there is a signed agreement in place between Education and Training and the employer.

If applying for the Wage Subsidy Program or Grad Incentive Program (Wage Subsidy), I understand that, if approved, the employer is required to submit a Certificate of Clearance as issued by WHSCC and the payroll records of the employee every 6 weeks or as requested.

I understand that, if approved, a short survey may be required at the end of the agreement.

<p><b>X</b></p> <hr/> <p>Employer Signature</p>	<p>_____</p> <p>Date</p>
<p><b>X</b></p> <hr/> <p>Employee Signature</p>	<p>_____</p> <p>Date</p>

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

**Wage Subsidy Program:**

- All Sections of the Employment Assistance Programs Application Form
- Certificate of Clearance from WorkplaceNL (formerly known as WHSCC)
- Detailed Job Description
- Proposed Employee's Resume
- A photocopy of Proposed Employee's SCIS or Confirmation of Membership into Aboriginal Organization or Band

**Grad Incentive Program (Wage Subsidy):**

- All Sections of the Employment Assistance Programs Application Form
- Certificate of Clearance from Workplace NL (formerly known as WHSCC)
- Detailed Job Description
- Proposed Employee's Resume
- A photocopy of Proposed Employee's SCIS or Confirmation of Membership into Aboriginal Organization or Band

**Grad Incentive Program Lump Sum Bonus:**

- Employee Information Section and Declaration of the Employment Assistance Programs Application Form
- Recent Pay Stub
- Resume
- Photocopy of Certificate/Diploma/Degree
- A brief summary, not more than 250 words, of how this bonus would be of benefit to you.
- A photocopy of your SCIS or Confirmation of Membership into Aboriginal Organization or Band

**Submit Applications to:**  
Qalipu First Nation  
Education and Training  
Attention: Mrs. Judy Falle, Client Intake Officer  
P.O. Box 460  
St. George's, NL A0N 1Z0

**Faxed or e-mailed applications cannot be accepted.**