



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: _____



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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*

Prospect of future employment after the wage subsidy is complete:

**Attach a separate sheet if necessary*

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: _____

Are you a member of the Qalipu First Nation Band? Yes No

If not, are you of Aboriginal Ancestry? Yes No

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: _____



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Please state your employment goals:

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 | _____ |
| <input type="checkbox"/> Language | _____ |
| <input type="checkbox"/> Education | _____ |
| <input type="checkbox"/> Economic | _____ |

Additional information:

**Attach a separate sheet if necessary*



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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.

X

Employer Signature

X

Employee Signature

Date

Date

**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: Yvonne MacDonald
P.O. Box 460
St. George's, NL A0N 1Z0

G-mailed applications y knbe accepted.