



Work Force  
Qalipu

**MARITIME LINK WORKPLACE TRAINING INITIATIVE**

**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  \_\_\_\_\_

Highest Level of Education Attained:

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

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

Qalipu Mi'kmaq First Nation Band Registration #: \_\_\_\_\_

Do you have a disability? Yes  No

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

Are you EI eligible? Yes  No

Do you have an active EI claim? Yes  No

If "no", have you been on EI in the past three (3) years? Yes  No

## Declaration

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

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Signature of Applicant

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Date of Application (Month/Day/Year)

### Submit Applications To:

Work Force Qalipu  
Attention: Kristina Duffy  
3 Church Street  
Corner Brook, NL A2H 2Z4

Or e-mail [kduffy@qalipu.ca](mailto:kduffy@qalipu.ca)

For more information, please call: 1-709-634-5048

**FAXED APPLICATIONS CANNOT BE ACCEPTED**

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

- Completed Application Form;
- Resume; and,
- Cover Letter.

All applications **must** be received no later than 4:00 P.M. on Monday, February 17<sup>th</sup>, 2014