



## Employment Assistance Programs Application

Wage Subsidy Program:

Graduate Incentive Program (Wage Subsidy):

Seasonal Wage Subsidy Program:

Graduate Incentive Program (Lump Sum Bonus):

### **ALL FIELDS ARE MANDATORY**

<b>EMPLOYER INFORMATION</b>			
Name of Company:		Contact Person:	
Address:		Telephone #:	
		E-mail:	
		Fax #:	
Is the proposed employee related to the employer?			Yes No
If yes, please state the relationship between the proposed employee and employer:			
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:			

## Employment Assistance Programs Application

Is this a home-based business?	Yes No
Type of Business:	Non-Profit Local Business Sole Proprietorship Other <i>*Please specify</i>
Indigenous Ownership:	Yes – Majority Yes – Minority Yes – % Unknown None
Please provide the following:	
Job Title:	
Worker's Compensation Assessment Rate:	
Anticipated Start Date:	
Type of Employment:	Full-Time Part-Time
Number of hours per week:	
Proposed hourly wage:	
Are you receiving funds from another source to contribute to this employment?	Yes No
If yes, please indicate what source(s)	

Please provide a brief history of your business:

*\*Attach a separate sheet if necessary*

Please describe the prospect of future employment after the wage subsidy is complete:

*\*Attach a separate sheet if necessary*

EMPLOYEE INFORMATION			
Name:		SIN:	
Address:		Telephone #:	
		E-mail:	
		Date of Birth:	
Gender:	Female Male Non-binary Person	Marital Status:	Single Married Other
No. of Dependents:		Age of Dependents:	
Preferred Language:	English French Other		
Are you a member of Qalipu First Nation?			Yes No
If no, do you identify as Indigenous?			Yes No
Do you have a disability?			Yes No
If yes, please specify:			
EMPLOYEE EDUCATION AND EMPLOYMENT INFORMATION:			
Highest Level of Education Attained:			
Grade Level Completed:		Year:	
Post-Secondary Completed:		Year:	
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:			
Are you in receipt of EI benefits?	Yes No		

If no, have you been in receipt of EI benefits in the past 3 years?	Yes  No
<b>Please indicate any barriers you have to obtain and/or maintain employment:</b>	
None  Lack of Labour Force Attachment  Lack of Work Experience  Lack of Transportation  Remoteness  Language	Education  Economic  Dependent care  Lack of marketable skills  Physical, emotional, or mental health  Other (please specify):
<b>DECLARATION</b>	
<p>Signing this application gives Qalipu First Nation permission to share this information with Service Canada and Indigenous Service Canada. I acknowledge that the information in this application may also be used for public documents such as minutes, reports, board kits, newsletter, presentations, social media to promote this program.</p> <p>I understand that if applying for the Wage Subsidy or Graduate Incentive Program (Wage Subsidy), the employee cannot begin employment until there is a signed agreement in place between Education and Training and the employer.</p> <p>I understand that, if approved, the employer is required to submit a Certificate of Clearance as issued by WorkplaceNL and the payroll records of the employee every 6 weeks or as requested.</p> <p>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. I understand that, if approved, a short survey is required at the end of the agreement.</p>	
Employer Signature:	Date:
Employee Signature:	Date:

**YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE  
IF THE FOLLOWING DOCUMENTATION IS 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 status card/temporary confirmation of registration or letter confirming membership into an Indigenous Band or Organization

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

- 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 status card/temporary confirmation of registration or letter confirming membership into an Indigenous Band or Organization

**Graduate 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 status card/temporary confirmation of registration or letter confirming membership into an Indigenous Band or Organization

**Submit applications and supporting documentation to:**

**Yvonne MacDonald, Employment Coordinator**  
**1-709-647-3514**  
**ymacdonald@qalipu.ca**

**Mailing Address:**  
**Education and Training**  
**Attention: Yvonne MacDonald**  
**P.O. Box 460**  
**St. George's, NL**  
**A0N 1Z0**