



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

EMPLOYER INFORMATION			
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:			

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	Marital Status:	Single
	Male		Married
	Non-binary Person		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
Please indicate any barriers you have to obtain and/or maintain employment:	
None	Education
Lack of Labour Force Attachment	Economic
Lack of Work Experience	Dependent care
Lack of Transportation	Lack of marketable skills
Remoteness	Physical, emotional, or mental health
Language	Other (please specify):
DECLARATION	
<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. 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).</p>	
<p>I understand that if applying for the Wage Subsidy or Graduate Incentive Program (Wage Subsidy), the employee cannot being employment under there is a signed agreement in place between Education and Training and the employment.</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 may be 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
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