



Squamish Nation Employment & Training

The following documentation is required:

- Completed application form, including signed Applicant's Declaration & Authorization form.
- Valid Identification.
- Current Resume.
- Completed Occupational Skills and Training Program Form

For Employment Advisors only –

- Copy of printable **Action Plan form** from ARMS
- Clients **Employment Action Plan**
- Funding Code Letter

NOTE: Please make your appointment with an Employment Advisor well before the start date of your program as the application may take 4-6 weeks to complete from initial interview to approval. Once all required and supporting documentation is received, then it will take up to 5 days for review and approval or denial. If you have any questions about this checklist, please contact your Employment Advisor.



SQUAMISH NATION EMPLOYMENT & TRAINING APPLICATION

Personal Information Form (PIF)

Please complete all sections thoroughly. Complete and accurate information is required to determine eligibility.

Section A PERSONAL IDENTIFICATION

Last Name:		First Name:		Middle Initial:
S.I.N. : / /		Birth Date: DD/ MM/ YYYY/		Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>
Mailing Address:		City:	Prov:	Postal Code:
Telephone#:	Message #:	Email:		
Aboriginal status: Registered Indian <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/>				
Band Name:		Band Registry Number:		
Marital Status: Married / Equivalent <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			# of dependents living with you: _____	Age of Dependents: _____
Do you require child care? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is your current source of child care?		
Do you identify as having a physical or mental disability that affects your ability to perform daily tasks? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, how does your disability restrict your performance of daily tasks? Please Explain:				
Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Language Spoken? English <input type="checkbox"/> French <input type="checkbox"/> Other: _____		Do you have a Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is preventing you from finding work?				
Have you applied for or are you currently in receipt of Employment Insurance?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had an Employment Insurance Claim within the past three years?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had a Parental or Maternity leave claim in the past five years?				Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your current source of income?				
Social Assistance <input type="checkbox"/> Student Loans <input type="checkbox"/> Pension <input type="checkbox"/> Part-time Work <input type="checkbox"/> Full-time Work <input type="checkbox"/> Other <input type="checkbox"/>				
If other, please explain:				
Are you registered with a WorkBC Employment Service Centre? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, which office? _____				

Section B EDUCATION AND TRAINING

Highest Grade completed: _____ Year Completed: _____ Province/Country: _____					
Please list all degrees, trade levels, licenses, diplomas, certificates or work tickets obtained:					
List all adult basic education, post-secondary training and or courses that you have attended					
Institute/Organization	Location	Year	Course	Certificate, Diploma, Degree, Tickets	Completed?

Section B EDUCATION AND TRAINING - Continued

List any funded programs you have previously participated in and the outcome or results for you.

Year	Program	Completed?	Outcome/Result

Are you currently attending school full time? Yes No

If yes, how many hours of school per week are you attending? _____ / week.

Do you intend to return to school in the upcoming academic year/semester? Yes No

Have you left school to permanently join the workforce? Yes No

Please Explain: _____

Section C EMPLOYMENT HISTORY

Are you currently employed? Yes No

List your last three jobs starting with the most recent.

Job Title	FT/PT	Company Name	Start Date dd/mm/yyyy	End Date dd/mm/yyyy	Salary	Reason for Leaving

Describe what you have done to find work:

OFFICE USE ONLY

ACTIVE EI CLAIM

REACH BACK

CRF

Comments:

All information provided to us will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact Devan Williams at 604-848-2202, 1221 Chief Billy Drive, Squamish, BC V5V8B 0B8.

Applicant's signature

Date: _____
DAY MONTH YEAR



Applicant's Declaration & Authorization

I declare that the foregoing information provided to SNET is, to my knowledge, true and complete and that it is subject to verification by Squamish Nation Employment & Training and its representatives. I authorize access to release application information with involved organizations, training institutions, and government agencies. I acknowledge that in the event that I do not comply with any of the following requirements that I may be denied further funding by Squamish Nation Employment & Training.

EA & Client Initials

- If I quit or am removed from program without an acceptable reason to SNET. I may not be eligible to participate in further SNET funded training until all monies owed have been repaid, and a six-month waiting period and review process have been completed; These costs may be recovered should the situation arise.
- All original training related documents, receipts for reimbursement, marks, and other documentation as needed, including records of attendance, must be provided to SNET; when requested
- I agree to provide SNET with follow-up request after completion of training;
- I agree to provide a personal written evaluation of my training upon completion;
- I am responsible for all training expenses acquired in excess of the agreed upon amount and for any amounts paid in error. In all cases, SNET will not be held responsible for any expenses not agreed to, prior to the expenses being incurred.
- I understand SNET may cancel or reduce my financial
- I understand that tuition, assistance and training allowances are subject to taxation;
- I agree to immediately report any changes of residence, telephone or other contact information to SNET;
- I understand that I am subject to legal action in the event that I make false statements or neglect to provide SNET with any information that materially affects my entitlement to training subsidy or my ability to benefit from my employment insurance;
- I agree not to hold SNET, its employees, volunteers, agents and heirs, harm from and against all claims, losses, damages, cost and expenses related to any injury or death of a person or a loss or damage to property caused in relation to this training initiative;
- I affirm that all necessary liability and life insurance will be maintained by me for the duration of the period of my training if and when required;
- I am aware that I have **20 business days** to start the appeal process, should my request for training funds be denied and that the decision of the appeal committee is final and binding;

This authorization remains in effect for the duration of my request for funding.

Applicant's Full Name (please print): _____

_____ Date: _____
 Applicant's signature DAY MONTH YEAR

OFFICE USE ONLY			
Authorized by:			
Advisor's name (please print) _____			
Date: _____			
Advisor's signature	DAY	MONTH	YEAR



How can SN Employment & Training help you? Please check ✓ all that apply to you.

- I need to use the computer lab for:
Internet, telephone, photocopying, and/or faxing
- I need help writing my resume and cover letters.
- I need help preparing for job interviews.
- I need help with career planning.
- I need help determining my interests and skills.
- I need to upgrade my academic skills.
- I need financial assistance to attend training.
- I need help applying for student loan.
- I need help starting my own business.
- I need financial counseling.
- I need stress counseling.
- I need drug/alcohol abuse counseling.
- I need assistance finding daycare.
- I need help contacting my Band/Metis Nation
- I do not know/no idea

EA Notes:

Revised March 2019