



**Squamish Nation Training & Trades Centre (TTC)**

**Intake Package**

**In order for your application to be complete, the following documentation is required:**

- Completed personal information form (PIF), *including signed Applicant's Declaration & Authorization form & date;*
- Valid identification;
- Direct deposit form;
- Media release form;
- Completed trades specific assessment (completed on-site).

## **TTC PROGRAMS 2020/2021**

PLEASE SPECIFY BELOW, WHICH PROGRAM YOU ARE APPLYING FOR:

- INTRODUCTION TO PLUMBING (JULY 13 – SEPTEMBER 25, 2020)
- CARPENTRY LEVEL 1 (JULY 20 – NOVEMBER 20, 2020)
- PLUMBING LEVEL 1 (AUGUST 17 – DECEMBER 18, 2020)
- ELECTRICAL FOUNDATIONS (AUGUST 17 – MARCH 12, 2021)
- WOMEN IN TRADES (SEPTEMBER 14 – DECEMBER 4, 2020)
- CARPENTRY LEVEL 2 (JANUARY 18 – APRIL 23, 2021)

## **HOW DID YOU HEAR ABOUT THE TRAINING & TRADES CENTRE?**

- FACEBOOK
- TWITTER
- RADIO
- NEWSPAPER, PLEASE SPECIFY \_\_\_\_\_
- EMPLOYMENT CENTRE
- WORKBC
- COMMUNITY NEWSLETTER
- ELECTRONIC BILLBOARD
- OTHER, PLEASE SPEICFY \_\_\_\_\_

**TTC APPLICATION**

Personal Information Form (PIF)

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

PERSONAL IDENTIFICATION				
Last Name:		First Name:		Middle Initial:
S.I.N. :            /            /		Birth Date: DD/            MM/            YY/		Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>
Mailing Address:		City:	Prov:	Postal Code:
Cell #:	Home #:	Email:		
Indigenous status:    Status <input type="checkbox"/>		Non-Status <input type="checkbox"/>	Inuit <input type="checkbox"/>	Metis <input type="checkbox"/>
Band Name:		Band Registry Number:		
Marital Status:		Married / Common Law <input type="checkbox"/>	Single <input type="checkbox"/>	# of dependents living with you: _____
		Separated <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Do you require childcare? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is your current source of childcare?		
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"/>
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  Student Loans  Full-time Work  Part-time Work  Other

If other, please explain:

**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?

Please list any programs you have previously participated in at the TTC and the outcome or results:

Year	Program	Completed?	Outcome/Result

**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:

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**OFFICE USE ONLY**

ACTIVE EI CLAIM

REACH BACK

CRF

Comments:

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All information provided in this form 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 the Training & Trades Centre at 604-980-7946, Unit 3-1500 Railway Street, North Vancouver BC V7J 1B5.

\_\_\_\_\_  
 Applicants Signature

\_\_\_\_\_  
 Date

**Squamish Nation Training & Trades Centre**  
 Unit 3-1500 Railway Street, North Vancouver BC V7J 1B5

[www.squamishnation.net](http://www.squamishnation.net)

604-980-7946

### **Applicant's Declaration & Authorization**

I declare that the foregoing information provided to TTC is, to my knowledge, true and complete and that it is subject to verification by TTC 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 acceptance into future programs at the TTC.

Please check all if you agree to the below:

- If I quit or am removed from a program without an acceptable reason, I may not be eligible to participate in further TTC programs for up to 3 years and review process has been completed;
- I agree to provide TTC with any follow-up requests after completion of my training;
- I agree to provide a personal written evaluation of my training upon completion;
- I agree to immediately report any changes of residence, telephone or other contact information to TTC;
- I understand that I am subject to legal action in the event that I make false statements or neglect to provide TTC with any information that materially affects my entitlement to training or my ability to benefit from my employment insurance;
- I agree not to hold TTC, 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 program;
- 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;

This authorization remains in effect for the duration of my attendance in the program at TTC.

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Applicants Signature

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Date



Direct Deposit Authorization

PLEASE RETURN TO ACCOUNTS PAYABLE

- Please complete this form and return it to Squamish Finance Office.
• Be sure to include a voided (Cancelled) cheque from your account or a direct deposit advice from your financial institution. The details from the cheque or bank advice slip will be used to verify the account details.

Form with fields for: LEGAL NAME (LAST, FIRST), PHONE NUMBER, ADDRESS, CITY/PROVINCE, and EMAIL ADDRESS for payment notification. Includes checkboxes for NEW and UPDATE.

I authorize Squamish Nation and the above Financial Institution to deposit my payroll automatically into my account. This authorization may be cancelled at any time upon written notice. Any changes in the account information will need to be communicated immediately to avoid potential delays in processing payments.

(Signature)

(Date)

Please send original signed forms to Finance, Accounts Payable Department.



PLEASE ATTACH VOID CHEQUE OR BANK DEPOSIT INFO PRINT OUT HERE



