

MÉTIS EMPLOYMENT & TRAINING
EMPLOYMENT SUPPORTS PROGRAM APPLICATION

Part One: Employee Information			
Birth date (i.e. May 10, 1980):			
Last Name:		Previous Last Name(s):	
First Name & Middle initial:		Previous First Name(s):	
SIN # (Social Insurance Number):			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Method of Métis ID:	<input type="checkbox"/> Notarized Declaration Form <input type="checkbox"/> Métis ID Card		
Are you a resident of BC?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have you lived here? _____		
Mailing Address:		Other Contact Information:	
Address:		Phone #:	
City:		Cell Phone #:	
Province:		Email Address:	
Postal Code:			
Permanent Address (if different from mailing address):			
Address:		FOR OFFICE USE ONLY:	
City:		Date received in office:	
Province:			
Postal Code:		Region:	
Have you ever been in the care of the Ministry of Children and Family Development? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Part Two: Other Employee Information			
Disability: (check all that may apply)	<input type="checkbox"/> Long Term Disability <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Not on Disability Assistance <input type="checkbox"/> I have a Learning Disability or a Learning Challenge <input type="checkbox"/> I have a Physical Disability or Physical Challenge <input type="checkbox"/> I do not have a Disability or Challenge to my knowledge		

For office use only:

Region # _____ Category _____ Client file # _____

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<i>Part Three: Employment Information</i>	
Company name of Employer:	
Contact name:	
Contact number for employer:	
Location of employment:	
Will you require travel to get to the job for your first day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start date of job:	
Position title:	
Starting wage:	
Have we funded you for a program like this before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe when:

<i>Part Four: Employment Support Items Requested</i> **please note that we will require price quotes**	
Safety Boots/specialized footwear:	\$
Specialized clothing:	\$
Travel to job:	\$
Other (explain):	\$
Other (explain)	\$
Total Cost:	

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Please indicate how you heard about Métis Employment & Training and our programs:

Please provide a security password that we may ask you over the phone to ensure we are speaking to you, the client (rather than a partner, parent, sibling, or other). Ensure this password is something only YOU would know the answer to:

I _____ confirm that the above information provided is true and factual. I accept responsibility for satisfying the probationary requirements for the Company I am seeking sponsorship with.

By filling out the application and signing below, I am aware that some of this information may be accessed by a Government of Canada Representative.

I understand that any intentional misrepresentation may result in a denial of my funding.

I will provide my first paystub and any additional follow up documentation that is requested by the Métis Employment and Training Office.

Applicant Signature

Date

Applicants Printed Name

Date

Legal Guardian's Signature
(required if applicant is under 19 years of age)

Date

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