

EDUCATION HISTORY

Highest level of education completed?		Place of Education			
Name of Institution		End Date: _____ (MM-DD-YYYY)			
List any training or educational programs you have completed.					
	PROGRAM	INSTITUTION	LOCATION	START DATE MM - YYYY	GRADUATION DATE MM - YYYY
1					
2					
3					

EMPLOYMENT HISTORY

Current Employment Status

Employed (Full-time/Permanent)
 Employed (Full-time/Temp/Casual)
 Unemployed
 Employed (Part-time/Temp/Casual)
 Employed (Part-time/Permanent)
 In training/Education
 Self-Employed

Current Employer (Business/Organization): _____ Employer Telephone Number: _____
()

Employer Address: _____

Recent Employment History: *Please list most recent employment first.*

COMPANY NAME	JOB TITLE	DUTIES	FULL-TIME/ PART-TIME	REASON FOR LEAVING	PERIOD OF EMPLOYMENT
			<input type="checkbox"/> FT Perm <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Perm <input type="checkbox"/> PT Temp		_____ From (MM - YYYY) _____ To (MM - YYYY)
			<input type="checkbox"/> FT Perm <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Perm <input type="checkbox"/> PT Temp		_____ From (MM - YYYY) _____ To (MM - YYYY)
			<input type="checkbox"/> FT Perm <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Perm <input type="checkbox"/> PT Temp		_____ From (MM - YYYY) _____ To (MM - YYYY)

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

Return to: Your regional Career Development Offices

North Baffin: 1-800-567-1514
 Career Development
 Box 204, Pangnirtung, NU X0A 0R0
 northbaffincdo@gov.nu.ca

South Baffin: 1-855-975-6580
 Career Development
 Box 1000 Stn 1280, Iqaluit, NU X0A
 0H0 southbaffincdo@gov.nu.ca

Kivalliq: 1-800-953-8516
 Career Development
 Box 877, Rankin Inlet, NU X0C 0G0
 kivalliqcdo@gov.nu.ca

Kitikmeot: 1-800-661-0845
 Career Development
 Box 20, Cambridge Bay, NU X0B 0C0
 kitikmeotcdo@gov.nu.ca

ELIGIBILITY AND FUNDING DETERMINATION

Are you currently claiming Employment Insurance (EI) Benefits? Yes No

NOTE: If you checked "Yes", please identify benefit type and start date:

Regular Parental Sick Special

Start Date: _____
(MM-YYYY)

Do you currently owe money to the Government of Nunavut? Yes No

NOTE: If you checked "Yes", please provide details:

Have you received EI for maternity or parental leave in the past five (5) years? Yes No

Are you receiving Income Support? Yes No

Do you require any accommodations in the work place or training environment? Yes No

Examples may include but are not limited to: Assistive devices e.g., (mobility aids, communication software or devices, enlarged print materials, visual aids, other), adaptive furniture, visual training materials, tutoring, extra training time, accommodated test taking, other.

PREVIOUS EDUCATION AND TRAINING – TRADES AND APPRENTICESHIP

Have you (the trainee) ever been a registered apprentice? Yes No

If "Yes", in what trade? _____

Red Seal No. (if applicable): _____

At what level? 1 2 3 4 Journeyperson

In what province / territory? Nunavut NWT Other Province/Territory: _____

Trades Certificate(s), College Certificate(s)/ Diploma(s) and/ or University Degree(s):

What other job-related skills do you have?

DRIVER'S LICENSE

Do you have a valid driver's license? Yes No

What type (class) of license is it?

- | | |
|--|---|
| <input type="checkbox"/> Class 1: Tractor Trailer Rigs | <input type="checkbox"/> Class 5: Medium and small motor vehicles up to 11,000 kg |
| <input type="checkbox"/> Class 2: Buses exceeding 24 passengers | <input type="checkbox"/> Class 6: Motorcycle |
| <input type="checkbox"/> Class 3: Single bodied motor vehicles exceeding 11,000 kg | <input type="checkbox"/> Class 7: Learner's permit |
| <input type="checkbox"/> Class 4: Medium and small taxicab/ ambulance | |

Do you have your airbrakes endorsement? Yes No

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CLIENT DECLARATION AND CONSENT TO RELEASE PERSONAL INFORMATION

I, _____, _____, hereby declare that:
PLEASE PRINT YOUR FULL NAME SOCIAL INSURANCE NUMBER

1. The information contained in my application for assistance is complete, accurate and true, to the best of my knowledge.
2. I understand that false or misleading statements may result in legal action, criminal investigation, prosecution and my ineligibility to participate, including the termination of my benefits and repayment of any benefits I have already received.
3. I shall immediately notify the Department of Family Services should the circumstances of my eligibility or participation change.
4. I agree that if I have provided an email address, this will be the primary means of communication with me regarding my program.
5. I agree to refund any financial assistance to which I am not entitled.
6. I authorize and consent to the Government of Nunavut releasing, sharing or verifying of information about me and/or my spouse and/or my dependents to any agency, organization or other government department for the following purposes:
 - a) Determining my initial and ongoing need, eligibility, or entitlement for programs or services, including financial assistance;
 - b) Determining my status in participating, attending or making progress in programs and services; or
 - c) Determining the results or outcomes from my participation or enrolment.

Dated this _____ Day of _____ 20 _____

Client Signature

Witness Signature

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