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Building *Nunavut* Together  
*Nunavut* liuqatigiingniq  
Bâtir le *Nunavut* ensemble



## APPLICATION A

# EMPLOYMENT ASSISTANCE SERVICES APPLICATION

### A - PERSONAL INFORMATION

Last Name	First Name	Middle Name(s)	
_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Social Insurance Number	Health Card Number	Date of Birth (YY-MM-DD)	
Current Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <small>(Living together for 12 continuous months)</small>	Inuit Land Claims Beneficiary <input type="checkbox"/> Yes <input type="checkbox"/> No Card number: _____	Citizenship <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (Explain): _____	
Language(s) <u>spoken</u> : <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Innuinaqtun <input type="checkbox"/> Other: _____			
Language(s) <u>written</u> : <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Innuinaqtun <input type="checkbox"/> Other: _____			

### B - CONTACT INFORMATION

Mailing Address	Email Address		
Community	Territory/Province	Postal Code	
Telephone (    )	Cell Number (    )	Work Number (    )	Fax Number (    )

### C - SERVICES REQUESTED

What Employment Assistance Services are you seeking?

Resume writing                             Financial Supports to attend training\*       Other \_\_\_\_\_

Job search                                       Apprenticeship\*\*

Employment and Career Counseling       Self-Employment Option

\* Note: If this service is requested consider completing an Adult Learning and Training Supports application.  
\*\* Note: If this service is requested consider completing an Apprenticeship or TQ application.

### CLIENT DECLARATION AND CONSENT TO RELEASE PERSONAL INFORMATION

I, \_\_\_\_\_, hereby declare that:

PRINT NAME

1. The information contained in my application for assistance is complete, accurate and true, to the best of my knowledge.
2. I authorize and consent to the Nunavut Department of Family Services' release, sharing or verification 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.

\_\_\_\_\_  
Signature    Date (YYYY-MM-DD)    Witness Signature    Date (YYYY-MM-DD)

[www.gov.nu.ca](http://www.gov.nu.ca)

**Return to: Your regional Career Development Officers**

**Qikiqtaaluk:** 1-800-567-1514  
Career Development  
Box 204, Pangnirtung, NU X0A 0R0

**Kivalliq:** 1-800-953-8516  
Career Development  
Box 877, Rankin Inlet, NU X0C 0G0

**Kitikmeot:** 1-800-661-0845  
Career Development  
Box 20, Cambridge Bay, NU X0B 0C0