



**Fort William
First Nation**

EMPLOYMENT AND TRAINING

APPLICATION FOR TRAINING FUNDS: EMPLOYMENT START-UP

Please allow a minimum of 2-4 weeks for processing your application prior to the beginning of employment. All information must be completed in order to qualify for Fort William First Nation Employment and Training Assistance, as certain criteria need to be met.

Please fill out the following forms in order for your application to be processed:

- Participant Information Form
- Client Consent Form
- E.I. Verification Form

Also attach copies of the following required documents:

- Resume
- Letter from Employer who is providing employment opportunity

Eligibility for assistance falls under the FWFN Employment and Training Policy, thus to be eligible the applicant must be:

- 18yrs or older
- Fort William First Nation registered Band member(*you will need to provide the number*)
- Have no access to employment supports and assistance through other means
- Employment supports up to a maximum of \$250.00
- Underemployed/Unemployed or on Employment Insurance

****NOTE** Employment Start-Up CAN ONLY BE ACCESSED ONCE IN a TWO YEAR SPAN and only one time for the same item.**



PARTICIPANT INFORMATION FORM

Last Name:	First Name:	Middle Initial:
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Status Card Number: 187	Date of Birth:	Date of Application:
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Street Address:	
City/Province:	
Postal Code:	
Contact Number:	Email Address:

LABOUR FORCE ATTACHMENT (circle)

Are you employed? YES or NO If Yes, FULL TIME OR PART TIME and where?
LANGUAGE: ENGLISH FRENCH OJIBWAY OTHER

EDUCATION INFORMATION

Did you complete high school?	If Yes, when
	If No, what was the last grade and year

Did you attend a postsecondary Institute? YES or NO
If yes, list your postsecondary education?

MARITAL STATUS/DEPENDENTS

Single or Married/Common Law	Do you have dependent children? YES or NO	If Yes, number of dependents:
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CURRENT FINANCIAL VERIFICATION

Please Check appropriate box on your current income benefit: \$ _____ (monthly)	
<input type="radio"/> Employment <input type="radio"/> Partner Employment <input type="radio"/> Social Assistance <input type="radio"/> Family Benefits	<input type="radio"/> Employment Insurance <input type="radio"/> Workers Compensation <input type="radio"/> Other



CONSENT TO REQUEST AND RELEASE INFORMATION

Fort William First Nation Employment & Training obtains information on participants prior to starting an intervention. The collection of personal information is required for the purpose of administering and evaluating the effectiveness of the Employment and Training Program. Information is requested by Service Canada (HRDC), Primary Funding Agencies, Organizations providing training and the Employment Insurance Act.

Other organizations as described below may be contacted in order to obtain appropriate facts, which aid in making informed decisions.

I _____ consent to the release of information between any representative of Fort William First Nation Employment and Training and the representatives of the following agencies regarding my education, training or employment-related activities:

- Human Resource Development Canada
- Ontario Works
- Fort William First Nation(Finance, Education)
- Employer

As a sponsoring agent FWFN requires any information regarding training course duration, attendance, academic performance, or any other information required to process a training application. Any exchange of information will remain confidential among all parties noted above.

Participants Signature

Witness Signature

Date:

Date:
