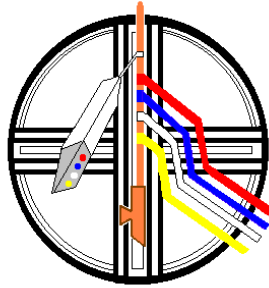


FROG LAKE FIRST NATIONS
HUMAN RESOURCES EMPLOYMENT & TRAINING
CLIENT APPLICATION FORM
SAFETY TICKETS/PERSONAL PROTECTIVE EQUIPMENT



Frog Lake First Nation #121 & 122
General Delivery
Frog Lake, AB
T0A 1M0

Business: (780) 943-2411 Fax: (780) 943-3265

The application process takes two weeks for final decision.

We will not accept any applications on Friday or last minute request (less than 2 wks).

For Safety Tickets:

- List tickets that are needed
- List old tickets with the expiry date
- Letter of employment

For Reimbursement for Safety Tickets:

- Original receipt
- Photocopy of the temporary or authentic tickets

For Personal Protective Equipment:

- Letter from employer stating what is needed to be on job site
- Receipt for the equipment if purchased by the client

WE DO NOT SPONSOR ANY POWER TOOLS/EQUIPMENT!
WE DO NOT GIVE UP GRADES OR REPLACE LOST OR STOLEN GEAR!

Client Information

Personal Information:					
Full Name:	Middle Initial(s):	Last name:			
Address:	City:	Postal Code:			
Phone: ()	Alternate: ()	Cell: ()			
Email Address:					
Please Circle:					
Employed		Unemployed			
Personal Identification:					
9 Digit SIN:			Gender:		
- -			Male	Female	
Date of Birth:					
/ /19					
First Nation:			Treaty Number:		
Valid Driver's License:			Reliable Transportation:		
Yes/No			Yes/No		
Driver's License Number:		Expiry Date:		Class:	
Marital Status:					
Single	Married	Common-Law	Divorced	Separated	Widowed
Spouse's Name:			Is your Spouse:		
			Employed		Unemployed
Dependents					
Name		Age		Son/Daughter	
Name		Age		Son/Daughter	
Name		Age		Son/Daughter	
Name		Age		Son/Daughter	
Name		Age		Son/Daughter	
Safety Ticket/Personal Protective Equipment					
Type of Sponsorship:		Safety Tickets		Equipment	
Type of Ticket:	H2S	Standard First Aid	WHMIS/TDG	Chainsaw	Other
Start Date:			End Date:		
Reimbursement Amount: \$					
For Personal Protective Equipment Most Recent Employer must be filled out!					

INFORMATION & HISTORY

Past Sponsorship/Funding with Frog Lake HRD	
Name of Previous Program(s):	Year:
Type: Education Training Employment Assistance Safety Tickets HRD Programs	
Employment Insurance Benefits	
Have you ever been on EI Benefits? Yes/No	
If so, when?	
Type: Maternity Paternity Lay-off/Release of Employment	
Social Assistance/Income Support	
Are you currently collecting Social Assistance? Y/N	
If so, who is your case worker?	
Person with Disability	
Do you consider yourself a person with disability? Y/N	
If so, explain what type:	
Do you receive payments from Assured Income for the Severely Handicapped (AISH)? Y/N	
Education	
High School Completed: Y/N	Highest Grade Completed:
Name of High School:	Location:
Diploma/GED: Y/N	Year:
Post Secondary: Y/N	Year Level: 1 st 2 nd 3 rd 4 th
Name of Institute:	Location:
Certificate/Degree Obtained:	Year:
Technical Training:	
Other Training:	
Safety Training	
Do you have safety tickets? Y/N	
If so, what type?	
When do they expire?	
Emergency Contact	
Name:	Phone Number:
Address:	
Resume	
Do you have a resume on file? Y/N	
Would you like to update your resume? Y/N	
If you attach a resume to the application please disregard the employment history; if not then please complete the employment boxes.	

Current/Most Recent Employer					
Business/Company:	Supervisor:				
Duties:					
Address:	Phone:				
City:	Fax:				
Postal Code	Start/End Date:				
Reason for leaving:					
Occupational Field Goal (circle one)					
Construction	Pipeline	Manager	Plumbing		
Health Care Field	Customer Service	Hospitality			
Truck Driver/Transportation	Oilfield	Welding			
Trades (specify)					
Other (specify)					
Duration					
Permanent	Temporary	Full-time	Part-time	Contact	Other
Career & Action Plan					
For Client applying for Safety Tickets					
Long Term Occupational (job) Goal:					
Short Term Occupational Goal:					
Steps needed to achieve goal:					
Type of training needed:					
Desired location/Institute:					

Complete all questions relating to your long/short term career goal

1. You applied for safety tickets can you explain why?

2. What tickets do you need?

3. What will you do with the tickets when you get them?

4. What kind of job? What business will you apply for? Where? When do you start?

5. Have you had tickets before? Did you pick them up?

6. Did you use your tickets after receiving them for a job, with what company and where?

7. Have you recently applied for a program with HRD?

Career & Action Plan
For Client applying for Personal Protective Equipment
Career Goals
Long Term Occupational (job) Goal:
Short Term Occupational (job) Goal:
Steps needed to achieve goal:
Type of Training Needed:
Desired location/Institute:
Complete all questions relating to your Long/Short term career goals

1. Have you received equipment from FLFN HRD in the past?

2. Have you received equipment from Social Development?

3. What type of PPE is needed on the work site?

4. How long have you been with your employer?

5. When or do you expect to get promoted?

6. How do you plan on maintaining your gear?

7. Have you recently applied for a program with HRD? If so, explain

Acknowledgement of Terms & Conditions

In order for the Frog Lake First Nation Human Resources Employment & Training (FLFN HRD) and the Six Independent Alberta First Nations Human Resources Skills Development (6IAFN) Program to determine your eligibility for the programs and services it offers, we need to collect some personal information from yourself. However, in order to satisfy the need for statistical report required by our funding agreement, we will share this information with our sponsor, Human Resource Skills Development (HRSD).

Please be advised that we will treat your personal information from counseling and from applications confidential, and take all reasonable measures necessary for the protection of this information from being released or disclosed to unauthorized people; you have the right to access your file at anytime in our office. The disclosure of this information or others can only occur with your written consent. However, be advised that there are the following exceptions to confidentiality, which are required by law:

- When disclosure is required to prevent clear and imminent danger to client and others;
- When legal requirements demand that confidential material be revealed;
- When a child is need of protection.

In this section we ask you to prove us with your written consent to disclose personal information that you have provided to the FLFL HRD and the 6IAFN for the reason below:

- I authorize FLFN HRD and 6IAFN or it's designate to contact individuals as required verifying my education, financial information, training, work experience, treaty status, and residency.
- I consent to disclose of my personal information to FLFN HRD and 6IAFN for use in research, statistical analysis or program evaluation.
- I consent to disclose my statement of marks, attendance, progress reports of the courses and any other relevant information from the service provider/training or educational institute to the FLFN HRD and 6IAFN to determine my eligibility for the current program assistance and future sponsorship requests of the FLFN HRD and 6IAFN.
- I consent to the disclosure of my personal information to a contractor of the FLFN HRD and 6IAFN for the purpose of follow-up, referral, assessment and administering the program I have applied for.

I, _____, understand and consent to the disclosure and exchange of information between the Frog Lake First Nation, 6IAFN and Human Resources Development Program and Human Resources Skills Development Canada. I also authorize the disclosure and exchange of information between 6IAFN and any service providers or individuals that are involved in assisting me to complete my client action plan to verify that the information provided to 6IAFN is true and accurate.

I understand that this authorization is valid for one year prior of signing the consent and one year after completion of my intervention.

- I accept responsibility for satisfying the training requirements of the above institution and managing the educational assistance funds to the best of my ability.
- I fully understand, once sponsorship has been approved, if I quit, or become terminated for whatever reason, I will not receive sponsorship from Human Resources Development for a period of (2) two years.
- I understand this application is invalid unless attached with photocopies of the following: Alberta Health Care Card, Indian Status, Driver's License, Social Insurance, proof letter of residency and all previous training certificates.
- I certify the statements made on this application are correct and complete to the best of my knowledge.
- I understand false or misleading information may result in termination and loss of access of other services provided by Human Resources Development.

Signature

Date

sponsored individuals are encouraged to pursue employment upon completion before advancing studies. Advanced studies must be applicable to the career plan provided. If employment is obtained, the client must inform the FLFN HRD immediately, by providing a letter of employment to complete the process.

Office Use Only		
Training Allowance: \$	# of mths:	Total:
Tuition:	\$	
Books/Supplies:	\$	
Other:	\$	
Total Financial Commitment:	\$	
Client Status – Funding		
EI (women 5yrs/men 3yrs)	Reach Back	CRF
Employee Dimension		
Career Decision Making	Skills Enhancement	
Job Search	Employment Maintenance	
Intervention Status		
In progress	Complete	Incomplete
Failed to Report	Rescheduled	Intervention not available
Left for employment	Other	

HRD Signatures

Case Manager

HRD Manager