

Nunatsiavut Government - ASETS Inuit Pathways

P.O. Box 116, Makkovik, Labrador A0P 1J0

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Application for Job Start Support Assistance			
Name: Mailing Add	Mailing Address:		
Email:			
Social Insurance Number (SIN):			
Beneficiary Number: Date	of Birth (M/D/Y)://		
Gender: Male Female Marital Status: Sing	gle Married mon-Law Other		
Telephone # : Message # :			
Are you currently EI eligible? YES NO Have you a	oplied for EI? YES NO		
Are you currently receiving EI benefits? YES NO			
Start Date:/ End Date://			
Have you received EI benefits in the last three years? YES	NO		
Social Assistance Recipient? YESNOOthe	r: YES NO		

Job Start Support Assistance is only provided to beneficiaries who have permanent employment guaranteed once these Job Start Supports are in place. Please provide Employer Information for verification.

Employer Information

Business Name:		
Contact Person:		
Phone Number:	Fax Number:	

Job Title:		 	
Start Date of Employment:		 	
List of Tools/Supplies requesting			
	_	 	
Estimated cost for tools/supplies: \$		 	

Please provide Proof of Estimate

IN ORDER TO BE ELIGIBLE FOR ASSISTANCE UNDER THIS PROGRAM, I UNDERSTAND, I MUST BE CURRENTLY UNEMPLOYED AND MUST PROVIDE PROOF OF OFFER OF FULL TIME PERMANENT EMPLOYMENT.

I understand that any and all personal information collected by the Inuit Pathways office will be used for educational/employment related purposes only.

I hereby grant permission to employees of Inuit Pathways (**1190000 Inuit – Makkovik ASETS**) to **exchange/receive** information pertaining to my file to/from the following:

- Inuit Pathways
- Nunatsiavut Government
- Department of Advanced Education & Skills (Income Support & Financial Services)
- Employment Assistance Offices/Employment Services
- Accountability and Resource Management System (ARMS)
- Employers/businesses
- > LMDA

I hereby agree to allow and comply with follow up telephone calls &/or emails from Inuit Pathways

I certify that the information given is true and complete. I understand it will be shared with and may be subject to verification by Service Canada, its representative or ASETS provider. Information given will be entered into Inuit Pathways' ARMS Database. I agree that I may be contacted by Inuit Pathways for any employment & training opportunities.

SIGNATURE:	DATE:
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