

Nunatsiavut Government – EDUCATION DIVISION

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Application for Job Start Support Assistance

Name:	Mailing Address:
Email:	
Social Insurance Number (SIN):	
Beneficiary Number:	Date of Birth (M/D/Y):/
Gender: Male Female Other Telephone #:	Common-Law Other
Are you currently EI eligible? YES	NO Have you applied for EI? YES NO
Are you currently receiving EI benefits	? YES NO
Social Assistance Recipient? YESN	NO Other: YES NO
	ded to beneficiaries who have permanent employment guaranteed Please provide Employer Information for verification.
Employer Information	
Business Name:	
Contact Person:	Email:
	Fax Number:

Start Date of Employment:	
List of Assistance requesting: ex. Tools, safety	supplies, air travel, medical, etc.
Estimated cost for assistance: \$	
Please provide Proof of Estimate	
	NDER THIS PROGRAM, I UNDERSTAND, I MUST BE IDE PROOF OF OFFER OF FULL TIME PERMANENT
I understand that any and all personal information office will be used for educational/en	ation collected by the Nunatsiavut Government-Education aployment related purposes only.
	natsiavut Government – Education Division (1190000 Inuit mation pertaining to my file to/from the following:
 Nunatsiavut Government – Education Nunatsiavut Government 	Division
	abour (Income Support & Financial Services) byment Services
 Accountability and Resource Manager Employers/businesses EIBIS 	•
I hereby agree to allow and comply with follow Government-Education Division.	w up telephone calls &/or emails from the Nunatsiavut
subject to verification by Service Canada, its reentered into the Nunatsiavut Government – E	complete. I understand it will be shared with and may be epresentative or ISETP provider. Information given will be ducation Division ARMS Database. I agree that I may be lucation Division for any employment & training
SIGNATURE:	DATE: