



Blood Tribe Employment & Skills Training 2022 Summer Work Experience Program



PART 1: Required Documentation Checklist

Completed BTEST/SWEP Registration Form	<input type="checkbox"/>
Spring 2022: Jan – April/June Verification of Full-time status (transcripts/letter from advisor/letter from sponsor)	<input type="checkbox"/>
FALL 2022: September – December Verification (registration/letter from advisor/letter from sponsor)	<input type="checkbox"/>
Resume and Cover Letter	<input type="checkbox"/>
Social Insurance Number (Mandatory)	<input type="checkbox"/>

Application Agreement

- All registration forms must be complete and all documents must be submitted before you can apply for BTEST funded positions
- You must be a full-time continuing student
- You are responsible for keeping in touch with BTEST in regards to process
- Due to the high number of student applications for summer employment, I agree not to quit my summer job if hired. If I do quit my summer job, I agree to be red-flagged from all BTEST funded Interventions for a period of three years according to the BTEST Programs Manual

I have read and understand all the information regarding the Summer Work Experience Program. I acknowledge the information in this application to be true to the best of my knowledge.

SIGNED: _____

DATE: _____

For Office Use Only	
Application Date:	
Application completed:	
Job Position received:	
Length of Position:	Position completed? :

BLOOD TRIBE EMPLOYMENT & SKILLS TRAINING CLIENT REGISTRATION FORM

CLIENT PERSONAL INFORMATION:

Social Insurance Number: _____ / _____ / _____ Title: Mr. Mrs. Ms. Miss Dr.

Full Name:

Last

First

Middle Initial or Name

Gender: Male Female

Date of Birth: _____ / _____ / _____
Year Month Day

Age: _____

ABORIGINAL IDENTIFICATION:

First Nation Group: Treaty Status (registered) Non-Status Inuit Metis Non-Aboriginal Person

Treaty Status #: _____

Band

Name: _____

First Nation Location: 6 7 8 Out of province

Band

Province: _____

LEGAL IDENTIFICATION & INCOME:

Citizenship: Canadian Other: _____ Are you entitled to work in Canada? Yes No

Marital Status: Single Married Separated Divorced Widowed Common-law

Preferred Language: English French Other Spouse Name: _____

Are you currently in receipt or eligible for Employment Insurance (EI) (UIC)?

Yes No

Have you received Employment Insurance (EI) (UIC) within the last 3 years?

Yes No

Have you received (EI) maternity or parental benefits within the last 5 years?

Yes No

Unemployed

Employed: F/T P/T Medical SFI or EI

SFI-less than 6 months

Band Funding

Self Employed

Child Welfare

SFI-How Long? _____

(WCB) Worker's Compensation

Student Loan/Grant

AISH Recipient

Other: _____

Do you consider yourself to be a person with a disability?

Yes No

What is the nature of your disability or select a disability type? _____

mobility

agility

pain

seeing

hearing

speaking

memory

learning

physical

mental

psychological

developmental

health problems

Explain how your disability affects achieving sustainable employment? _____

How many dependent children do you have residing with you? _____

Ages: _____

REFERENCE INFORMATION ~ REFERRED BY:

Self Referred

Social Services

Child Welfare

Advertisement

Family/Friend

Internet

Probation Office

Newspaper

Aboriginal Agency: _____

Other: _____

ADDRESS INFORMATION:

How long have you resided at present address? _____ Years _____ Months

Address:

Street Address

Apartment/Unit #

City

Province

Postal Code

CONTACT INFORMATION

E-mail Address: _____

Home Phone: () _____

Cellular Phone: () _____

Messages: () _____

Emergency Call: () _____

Current Education Information

Have you taken or are you taking a **Federal or Provincial Training Program**? Yes No (if yes answer the following)

Life Skills Training Program Job Finders Club Other: _____

Course Title: _____ Where? _____

Start Date: _____ End Date: _____

Highest Level of Education Completed: _____ Year/Month/Day of Completion: _____

Name of School _____ *City, Province* _____

Certificate Technical 1 year 2 years 3 years

Vocational Training: _____ Year/Month/Day of Completion: _____

Name of Training Institute, or Organization _____ *City, Province* _____

Diploma Bachelors Masters Engineering Other: _____

Post-Secondary Institution: _____ Year/Month/Day of Completion: _____

Name of Program _____ *City, Province* _____

Industrial Training _____ Year/Month/Day of Completion: _____

Name of Technical Institute, College, University _____ *City, Province* _____

TRADE INFORMATION: YES OR NO

Specialized Trade: _____ Level: Apprentice 1st Yr 2nd Yr 3rd Yr 4th Yr Journeyman

Name of Trade School _____ *City, Province Registered* _____ *Date Registered* _____

OTHER CERTIFICATIONS: YES OR NO

- | | | | | | |
|--------------------------------------|--|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> CSTS | <input type="checkbox"/> TDG | <input type="checkbox"/> First Aid | <input type="checkbox"/> Forklift | <input type="checkbox"/> H2S | <input type="checkbox"/> Ground Disturbance |
| <input type="checkbox"/> WHMIS | <input type="checkbox"/> Chainsaw | <input type="checkbox"/> CPR | <input type="checkbox"/> ATV Rider | <input type="checkbox"/> H2S Alive | <input type="checkbox"/> Emergency Fire Dispatch |
| <input type="checkbox"/> EMR | <input type="checkbox"/> EMT | <input type="checkbox"/> Firefighter | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Confine Space | <input type="checkbox"/> Confine Space Entry |
| <input type="checkbox"/> Baby Sitter | <input type="checkbox"/> Fall Protection | | | <input type="checkbox"/> B.O.P. (P.I.T.S.) | <input type="checkbox"/> Overhead Crane |
- List Other Tickets: _____

LANGUAGE SKILLS:

Language: English Reading Writing Speaking Listening

Language: French Reading Writing Speaking Listening

Language: Other _____ Reading Writing Speaking Listening

DRIVER'S LICENSE & TRANSPORTATION INFORMATION:

Class 1 (any vehicle) Class 2 (Bus) Class 3 (3-axle plus) Class 4 (Taxi/Ambulance)

Class 5 (2 axle, car, RV) Class 6 (motorcycle) Class 7 (Learners) Q-Air Endorsed

Driver's License Suspension No Driver's License Province: _____ Expiry Date: _____

Do you have a reliable vehicle for work? Yes No Do you rely on public transit system for work? Yes No

EMPLOYMENT INFORMATION:

Most Recent Employer

Employer: _____ Supervisor: _____

Job Title: _____ Hours worked per a week: _____

Rate of Pay: \$ _____ \$ _____
Hourly Monthly Reason For Leaving

Start Date: _____ End Date: _____

2nd Employer

Employer: _____ Supervisor: _____

Job Title: _____ Hours worked per a week: _____

Rate of Pay: \$ _____ \$ _____
Hourly Monthly Reason For Leaving

Start Date: _____ End Date: _____

3rd Employer

Employer: _____ Supervisor: _____

Job Title: _____ Hours worked per a week: _____

Rate of Pay: \$ _____ \$ _____
Hourly Monthly Reason For Leaving

Start Date: _____ End Date: _____

EMPLOYMENT SOUGHT & BARRIER TO EMPLOYMENT INFORMATION:

Type: Full-time Part-Time Casual Self Employment Seasonal Other
 Duration: Permanent Temporary Seasonal Contract On Call Other

What type of work are you looking for? _____

How long have you been unemployed? _____ How long have you been actively seeking work? _____

Are you willing to relocate for work purposes? No Yes (Where) _____ Are you Bondable: Yes No

What is your career or training goals? _____

Have you been convicted of a criminal offense, for which you have not been pardoned? Yes No

Do you have appropriate tools and safety equipment required for the work you are seeking? Yes No

CLIENT CONSENT TO DISCLOSE INFORMATION & SIGNATURE

I, _____, understand and consent to the disclosure and exchange of information between Blood Tribe Employment & Skills Training (BTEST) and/or its representatives: Community Futures Treaty 7-Labour Market Development Program (CFT7-LMDP), Service Canada, Alberta Employment Industry & Immigration (AEII), about the status and benefits of Employment Insurance, Income Support, Employment, Training Documents and personal information. I also authorize the disclosure and exchange of information between BTEST and any service providers or individuals that are involved in assisting me to complete my client action plan to verify that the information that I have provided to BTEST is true and accurate. Should I become a participant in a training program, I consent to the disclosure of my personal information to BTEST for statistical analysis and to record this information into the KETO Database for statistical purposes as required by Service Canada.

In the event that I require funding for a skills enhancement intervention, this completed registration form (3 pages) will be part of the application process, as required by Blood Tribe Employment & Skills Training and/or contracted agents for project based training programs and individual funding requests.

Client Signature: _____ **Today's Date:** _____