# MHR Employment Assistance Program Application

Please Print

| Surname | Given Name and initials | Social Insurance Number |
|---|---|---|
| Current Address | New Address | |
| | Band Number: | |
| | New Phone Number: | |
| Current Phone Number: | | |
| Employer Name: | If known please indicate the status of your employment with the employer listed. ◯ FULL TIME ◯ PART TIME ◯ PERMANENT | |
| Employer Address: | | |
| Start Date of Employment: Day Month Year | | Are you attaching a confirmation of employment letter from your employer? YES ☐ NO ☐ |

Provide name of Post Secondary Institution and Program last completed:

_____ _____

Institution Program completed

Please indicate your mode of transportation.

- ☐ Flying
- ☐ Private vehicle (your own car/truck)
- ☐ Public transportation (bus)

| Location in which you have found employment: | Based on previous question what is the estimated total amount of your travel expenses: |
|---|---|

Please give date of completion for the program provide above. _____ _____ _____

Month Day Year

_____ _____

_____ _____

_____ _____

I declare that the information and answers given by me on this application form are true to the best of my knowledge. I understand that this information may be used to determine eligibility for sponsorship.

_____ _____

Applicant signature Date

**Please note: Any applications that are <u>not</u> accompanied by a confirmation of employment letter from an employer will be returned to the applicant.**

Forward all applications to:

Miawpukek Human Resources
Employment Assistance Program
Attention: Angela John
P.O. Box 10
Conne River Reserve, NF AOH 1JO

**Phone Number:** (709) 882-1272 **Fax Number:** (709) 882-2401