

**BEEP EMPLOYMENT APPLICATION**

**PERSONAL INFO:**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE #: HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

DOB: (M/D/Y) \_\_\_\_\_ SIN: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU CURRENTLY RECEIVING EI? \_\_\_\_\_ YES \_\_\_\_\_ NO Or EIA? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, \_\_\_\_\_ BAND \_\_\_\_\_ PROVINCIAL

DO YOU HAVE PREVIOUS CONSTRUCTION EXPERIENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

WHAT IS YOUR CURRENT EDUCATION LEVEL? \_\_\_\_\_

HAVE YOU EVER BEEN A CLIENT AT WESTBRAN OR EMPLOYMENT MANITOBA? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU HAVE A VALID DRIVERS LICENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NO, DO YOU HAVE FINES? \_\_\_\_\_ MPI FINE \_\_\_\_\_ LEGAL FINE \_\_\_\_\_ NO FINES, NEVER TAKEN LICENCE

DO YOU HAVE A VALID PHOTO ID? \_\_\_\_\_ driver's license \_\_\_\_\_ treaty card \_\_\_\_\_ passport \_\_\_\_\_ MB ID card  
 \_\_\_\_\_ other (please specify)

DO YOU HAVE A CRIMINAL RECORD? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE SPECIFY \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WOULD PREVENT YOU FROM DOING PHYSICAL LABOUR?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

DO YOU HAVE THE FOLLOWING?	YES	NO
WHMIS TRAINING		
CPR/FIRST AID TRAINING		
FALL PROTECTION CERTIFICATION		
BIRTH CERTIFICATE		
SIN CARD/DOCUMENT		
HEALTH CARD		
BANK ACCOUNT		

IF INDIGENOUS STATUS, WHICH BAND ARE YOU FROM? \_\_\_\_\_

DID YOU EVER LIVE IN CFS CARE WHILE GROWING UP? \_\_\_\_\_ YES \_\_\_\_\_ NO

## Service Provider Participant Intake Form

**To be completed by Service Provider:**  
**Project Information**

Service Provider Name: \_\_\_\_\_

Project Name: \_\_\_\_\_ Service Provider ETS-ICM Case #: \_\_\_\_\_

Participant Start Date: \_\_\_\_\_ Projected End Date: \_\_\_\_\_  
 (yyyy/mm/dd) (yyyy/mm/dd)

### Participant Identification

Social Insurance Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 (last name) (first name) (middle name)

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender Identity:  Female  Male  Another  Not Declared  
 (yyyy/mm/dd)

Preferred Language:  English  French  Other Language of Service:  English  French

**Who recommended that you contact this agency? (Referral Source):**

<input type="checkbox"/> Apprenticeship Manitoba	<input type="checkbox"/> EI Insert
<input type="checkbox"/> Centre for Aboriginal Human Resource Development (CAHRD)	<input type="checkbox"/> EI walk-in or referral
<input type="checkbox"/> Community Agency	<input type="checkbox"/> Internet
<input type="checkbox"/> EAS Service Provider	<input type="checkbox"/> Newspaper Advertisement
<input type="checkbox"/> Training and Employment Services	<input type="checkbox"/> Provincial Assistance
<input type="checkbox"/> Training and Employment Services Poster	<input type="checkbox"/> Self
<input type="checkbox"/> Employment Partnership Service Provider	<input type="checkbox"/> Training Institution
<input type="checkbox"/> Indigenous Organization	<input type="checkbox"/> MarketAbilities
<input type="checkbox"/> Gov't Assisted Refugee/Labour & Immigration	<input type="checkbox"/> Employer
<input type="checkbox"/> Family/Friend	

### Primary Contact Information

Send mail to primary address

If your address requires additional information such as a c/o line, site compartment, lot concession, etc. Please enter in the box below.

\_\_\_\_\_

Residential Address: Apt. # \_\_\_\_\_ Street Address: \_\_\_\_\_

Delivery Address: (e.g. Box or R.R.): \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Alternate Contact Information

Send mail to alternate address

If your address requires additional information such as a c/o line, site compartment, lot concession, etc. Please enter in the box below:

Residential Address: Apt. # \_\_\_\_\_ Street Address: \_\_\_\_\_

Delivery Address: (e.g. Box or R.R.): \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Demographic Information

Employment Status at Intake:  Employed  Not Employed – Unemployed  Self-Employed

Wage / Salary / Commission: \_\_\_\_\_ Hours Per week: \_\_\_\_\_

Payment Frequency:  Per Hour  Per Day  Per Week  Biweekly  Per Month  Per Year

Education: \_\_\_\_\_ Year Education Completed: \_\_\_\_\_  
Highest Level of Education Completed

Receiving Employment Insurance Benefits:  No  Not Declared  Unknown  Yes  
Are you currently receiving EI benefits?

Receiving Income Assistance Benefits:  No  Not Declared  Unknown  Yes  
Are you currently receiving Provincial (EIA) or Band income assistance benefits?

Income Assistance Source:  Band  Not Declared  Provincial  Other

Income Assistance Status:  Active  Non Active  Not Declared

Indigenous Status:  Not Declared  Inuit  Métis  Non-status  None  
 Status – Off Reserve  Status – On Reserve

Marital Status:  Single  Married or equivalent  Not Declared

Dependents:  Yes  No  Not Declared

Number of Dependents: \_\_\_\_\_

Disability:  Yes  No  Not Declared

Visible Minority:  Yes  No  Not Declared

Immigrant/Refugee:  Yes  No  Not Declared Landing Date: \_\_\_\_\_  
Year only



I agree to provide SEP with any changes to my personal information and personal health information in a timely manner.

**SECTION 5. CONSENT TO SEP OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES**

I consent to SEP collecting the following personal information and personal health information, if applicable, about me for the purposes described in section 1 from the persons and bodies listed below and consent to SEP providing such information about me as may be necessary to obtain the information SEP requires, and I consent to the persons and bodies disclosing the information to SEP:

- social insurance number
- full name, telephone number and address,
- e-mail address,
- birth date,
- gender identity,
- details about my progress in SEP services,
- employment testing and reports,
- medical reports related to employment,
- EI eligibility status,
- EI client status,
- EI claim information,
- language (English or French),
- provincial parental benefits,
- interventions
- indigenous person,
- person with disabilities,
- member of a visible minority,

Persons or bodies:

- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services under contract with SEP,
- my schools and educational and training institutions,
- my physician \_\_\_\_\_,
- my other health care professionals: \_\_\_\_\_, and \_\_\_\_\_,
- any Manitoba (MB) government department or agency, or federal government department or agency, that has provided or is providing me with services or assistance, including: Employment and Social Development Canada; Service Canada; MB Health, Seniors, and Active Living; MB Families; MB Justice; MB Indigenous and Northern Relations; MB Municipal Relations; and MB Crown Services.

**SECTION 6. CONSENT TO SEP DISCLOSING MY INFORMATION**

I consent to SEP disclosing my personal information and personal health information, if applicable, to the following persons and bodies to the extent they need to know the information to carry out the purposes listed above in section 1:

- Employment and Social Development Canada; Service Canada; MB Health, Seniors, and Active Living; MB Families; MB Justice; MB Indigenous and Northern Relations; MB Municipal Relations; and MB Crown Services,
- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services, assistance or support under contract with SEP,
- service providers under contract with SEP to assess your training and employment needs and record your enrolment in SEP services, and
- consultants under contract with SEP to conduct research and evaluation of SEP services.

**SECTION 7. HOW LONG DOES MY CONSENT LAST**

I understand that the consents I have given will not be limited by time.

**SECTION 8. CAN I WITHDRAW MY CONSENT**

I understand that I may withdraw my consent at any time by contacting SEP in writing. However, I also understand that a withdrawal is not retroactive, and if I withdraw my consent, I will no longer be eligible to receive SEP services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_