

er:

SIoux LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD

P.O. Box 56, SIOUX LOOKOUT, ONTARIO P8T 1A1, TEL (807)737-4047, FAX (807) 737-4048, TOLL FREE 1-800-563-2183

EMPLOYER/EMPLOYEE DECLARATION

THIS FORM MUST BE COMPLETED ON THE FIRST DAY OF WORK , FOR AND BY EACH EMPLOYEE HIRED

Any claim(s) for costs incurred by the employer, with respect to any employee hired under the provisions of the agreement, will not be processed until this form has been accurately completed and received by SLAAMB.

EMPLOYER DECLARATION (PLEASE COMPLETE THIS SECTION, THEN PASS ON TO EMPLOYEE)			
AGREEMENT NO.		LEGAL NAME OF EMPLOYER (asper agreement)	
CITY	POSTAL CODE	TELEPHONE NO.	FEDERAL CONSTITUENCY

JOB INFORMATION				
START DATE	FINISH DATE	JOB TITLE	HOURS PER WEEK	RATE PER HOUR
I/We _____ hereby declare that the EMPLOYEE is not a member of the immediate family of a sponsor or of a director or senior member of the sponsor.				
Sponsors means the individual or organization receiving funding from SLAAMB to conduct a project. The immediate family is defined as: father, mother, step-father, step-mother, foster parent, brother, sister, spouse, (including common-law spouse), child (including child of common-law spouse), step-child, ward, father-in-law, mother-in-law and relative with whom the person permanently resides.				

EMPLOYEE DECLARATION

EMPLOYEE INFORMATION

EMPLOYEE'S FULL NAME	TELEPHONE NO.	SOCIAL INSURANCE NO.
NAME OF EDUCATIONAL INSTITUTE	LAST GRADE COMPLETED	FIELD OF STUDY

LEVEL OF EDUCATION	ELEMENTARY
SECONDARY	POST-SECONDARY
THIS INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE EMPLOYMENT INSURANCE ACT AND WILL BE USED FOR STATISTICAL AND RESEARCH PURPOSES. THIS INFORMATION WILL BE RETAINED IN THE PERSONAL INFORMATION BANK. UNDER THE PROVISIONS OF THE PRIVACY ACT AND THE ACCESS TO INFORMATION ACT, INDIVIDUALS HAVE THE RIGHT TO PROTECTION OF AND ACCESS TO THEIR PERSONAL INFORMATION. INSTRUCTIONS FOR OBTAINING PERSONAL INFORMATION ARE PROVIDED IN THE INFO SOURCE, A COPY WHICH IS LOCATED AT THE SLAAMB OFFICE.	

I

_____ hereby
SIGNATURE OF EMPLOYEE

declare that I am legally entitled to work in Canada, that I was a full-time student during the proceeding academic year, and that I intend to return to school full-time the upcoming academic year. Certify that I am not a member of the employer's immediate family or of the corporation senior officer or director (See definition above). I do not have any other full-time jobs (i.e. 30 hours or more per week) for the duration specified above.

FOR STATISTICAL PURPOSES ONLY (If you prefer not to provide the information requested below, your eligibility to participate on the program will not be affected.)

DATE OF BIRTH	MALE	FEMALE																
PLEASE CHECK IF YOU ARE: <table><tr><td data-bbox="310 638 451 674">P ABORIGINAL</td><td data-bbox="537 653 686 674">PLEASE SPECIFY</td><td data-bbox="776 653 919 674">STATUS INDIAN</td><td data-bbox="1068 653 1312 674">OFF RESERVE ABORIGINAL</td></tr><tr><td></td><td></td><td data-bbox="857 701 1040 722">NON STATUS INDIAN</td><td data-bbox="1149 701 1240 722">DISABLED</td></tr><tr><td></td><td data-bbox="574 749 732 770">NOT ABORIGINAL</td><td data-bbox="987 739 1078 774">N METIS</td><td></td></tr><tr><td></td><td data-bbox="672 800 727 821">INUIT</td><td></td><td></td></tr></table>			P ABORIGINAL	PLEASE SPECIFY	STATUS INDIAN	OFF RESERVE ABORIGINAL			NON STATUS INDIAN	DISABLED		NOT ABORIGINAL	N METIS			INUIT		
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