

MANITOBA MENTORSHPS

2009-2010 Employee Application

(Please Print)



EMPLOYER INFORMATION

Position Number	<input type="text"/>	Employer File Number (If Known)	1	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Address of Business/Organization:		Employee Position Title:							

Date employer would like employee to begin work full-time: _____

The following sections must be completed by employees who are applying for positions created through the Manitoba Mentorships program. An employee application form **MUST** be completed by a prospective employee when applying for a position with a specific program employer. **Manitoba Education, Citizenship and Youth will not authorize Claims for Reimbursement** for any time worked prior to the approval of this application.

PROSPECTIVE EMPLOYEE INFORMATION

Last Name	Given Name		Phone Number		
Present Address	Number and Street	Town/City	Province	Postal Code	

1. Social Insurance Number

2. Gender Male Female

3. Are you legally entitled to work in Canada? Yes No
If yes, are you a Canadian Citizen or Landed Immigrant

4. Are you an owner or part owner in this business/ organization? Yes No

5. Are you a board member or member of the executive of the institution/organization to which you are applying? Yes No

6. Are you an immediate relative (father, mother, guardian, brother, sister, spouse, child / ward or relative permanently living in same household) of the owner, hiring authority or any director of the applicant business/organization? Yes No

7. Are you: (Check Only One)
 A full-time student Taking 60% or more of a normal year's studies
 A part-time student Taking less than 60% of a normal year's studies
 A youth (non-student 16 to 24 years of age)
 25 years of age or over and not attending or returning to school

8. Are you returning to school in September? Yes No
 (i) If yes, full-time or part-time
 (ii) If yes, indicate university or college you will be attending _____
 (iii) Indicate the faculty/course/program _____

9. Is this position related to your career goals?
 Yes No Somewhat

10. Applicants please describe how this position relates to your career goals: _____

11. Date of Birth (YY/MM/DD) _____/_____/_____

12. Do you fall within any of the following employment equity categories of the program?
 Yes No
 If you wish, please check all categories applicable:
 physically challenged Métis
 mentally challenged First Nation
 income assistance recipient Inuit
 visible minority
 other _____

13. Please indicate your current level of education:
 University year _____ (Year 1, 2, 3 etc.)
 Community College year _____ (Year 1, 2, 3, etc.)

14. Are you currently employed more than 20 hours per/week?
 Yes No
 (i) If yes, what are your average hours of work each week? _____
 (ii) If yes, indicate current employer and start date. _____
 (iii) If no, indicate approximate date last employment ended. _____

15. Indicate the university or college you are/were attending. _____

16. Indicate the faculty/course/program: _____

17. Is this a co-op program? Yes No

I certify that the foregoing statements made by me are true in substance and complete to the best of my knowledge and that I have not withheld any information relative to this application. I understand that I am entitled to and will receive Vacation Allowance, at minimum, equal to 4% of my gross regular earnings for a partial year or should I continue employment for a full year, I will receive, at minimum, two weeks vacation with pay. I authorize Manitoba Education, Citizenship and Youth to verify the above information.

Employee Signature

Date

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

"This personal information is being collected under the authority of the MB4Youth Division and will be used and disclosed for the purpose of determining your eligibility for employment opportunities with its programs. This personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Program Manager, at (204) 945-5396, 310-800 Portage Avenue, Winnipeg, Manitoba, R3G 0N4."

FOR OFFICE USE ONLY

Eligible Employee	Approved Funding Start Date	Employee Status	Entered by	Program Code
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	1 = Original 2 = 1st Repl. 3 = 2 nd Repl.	<input type="text"/>	MM
Y Y M M D D		Signature: _____ Date: _____		