Government of Newfoundland and Labrador
Department of Advanced Education and Skills

INITIAL EMPLOYEE CONTACT

EMPLOYER: _____ AGREEMENT # _____

CONFIDENTIAL

Personal Information -Employee		
Employee Name:		
Address (Street or P.O. Box):		Province:
City or Town:		Postal Code:
Tel. #	Cell #	E-mail:
S.I. N.		Applied for, or in receipt of Income Support: Yes ❑ No ❑
Date of Birth: _____ (dd-mm-year)		Gender: Male ❑ Female ❑
Marital Status: Single ❑ Married ❑ Divorced ❑ Widowed ❑ Separated ❑ Common-Law ❑		
What is your preferred Language of Service and Correspondence? English ❑ French ❑		
Are you legally entitled to work in Canada? Yes ❑ No ❑		Are you a Canadian citizen? Yes ❑ No ❑
Employment Status (Prior to Wage Subsidy/Training)		
Employed Yes ❑ No ❑ If yes, LaMPSS requires: Work Hours/ Week _____ Hourly Wage Rate _____ Type of Employment: Casual ❑ Contractual ❑ Full Time ❑ Part Time ❑ Seasonal ❑		
Applied for, or in receipt of, Employment Insurance (E.I.) within the past 36 months: Yes ❑ No ❑ If yes, type of claim (check one): Compassion Care ❑ Maternity ❑ Parental ❑ Regular ❑ Sickness ❑		
Had a claim that started in the last 60 months: Yes ❑ No ❑ If yes, type of claim (check one): Maternity ❑ Parental ❑		
Applied for, or in receipt of Income Support: Yes ❑ No ❑		
Student: Yes ❑ No ❑		
Do you perceive yourself as having a disability that causes you significant difficulty accessing training or employment? Yes ❑ No ❑		
Note: System user cannot move forward in the Registration / Eligibility Section of LaMPSS unless the above fields are completed.		

Education

What is the highest education level you completed in secondary school? _____

Date Completed: _____

Do you have any post-secondary education? Yes ❑ No ❑

If College, please specify:

Program Name: _____Institution Name: _____

Status: In Progress ❑ Complete ❑ In-complete ❑ Completion year or last date attended: _____

Funding Source: Government Funded ❑ Self-Funded ❑ Student Loan ❑

Other ❑ (please specify) _____

Length: ___day(s) ____week(s) ____year(s) Completion year or last year attended: _____

If University, please specify

Program Name: _____ Institution Name: _____

Status: In Progress ❑ Complete ❑ In-complete ❑ Completion year or last date attended: _____

Funding Source: Government Funded ❑ Self-Funded ❑ Student Loan ❑

Other ❑ (please specify) _____

Length: ___day(s) ____week(s) ____year(s) Completion year or last year attended: _____

If other, please specify:

Program Name: _____ Institution Name: _____

Status: In Progress ❑ Complete ❑ In-complete ❑ Completion year or last date attended: _____

Funding Source: Government Funded ❑ Self-Funded ❑ Student Loan ❑

Other ❑ (please specify) _____

Length: ___day(s) ____week(s) ____year(s) Completion year or last year attended: _____

Information on the Wage Subsidy Position or Current Position (if Receiving Training)

How did you become aware of this wage subsidy position or training opportunity? _____

_____

Job Title: _____Wage Rate $ _____per hour # Hours _____per week

Duties: _____

_____

_____

Are you related to the Employer? Yes ❑ No ❑ If yes, specify relationship: _____

Expected Start Date (d-m-y): _____ Expected Finish Date (d-m-y): _____

_____ _____

Signature - Advanced Education & Skills Date: (d-m-y)