



Training On the Job (TOJ) APPLICATION PACKAGE

OCTOBER 2013

EMPLOYER Completes "Application B-E",

Training on the Job (TOJ) Employer application

TRAINEE Completes "Application A",

the EAS application (already provided by contractor)

TRAINEE Completes "Application B-T",

Training on the Job (TOJ) Trainee application

If you have any questions please contact your local Career Development Officer (CDO)

www.gov.nu.ca





Training On the Job (TOJ)

APPLICATION B-E

EMPLOYER APPLICATION

Program (will be determined by CDO)

☐ (A)TOJ/EI LMDA	☐ (A)TOJ LMA	☐ (A)TOJ GN Funds	
Page 1 – to be compl	eted by the Employer		
1 - EMPLOYER INF	FORMATION		
Business Name			
Business Mailing Address			
Community		Territory/Province	Postal Code
Business Telephone ()	Business Fax	Type of Business	
Contact Person	1	1	
Telephone ()	Fax ()	Email Address	
Have you accessed this progr		(YY-MM-DD)	
2 - TRAINING INFO	DRMATION		
Trainee Position			
Why do you want a trainee? Ple	ase provide your <u>rationale</u> .		
Trainer Name		Trainer's Qualifications	
Trainee's Name		Has this Trainee been on a previous p ☐ Yes ☐ No If "Yes", when	program ? n? (YY-MM-DD)
Brief Background of Trainee			

Is the trainee is ar	apprentice?	
☐ Yes	☐ No If "Yes", at what apprentice level ?	1
Estimated	d Start Date (YY-MM-DD)	Estimated End Date (YY-MM-DD)
Trainee Wage / ho	our	Hours per week
\$		

3 - TRAINING PLAN

You can add this as the format or as a guideline, please add any other information that you may find relevant to your training plan.

Learning Objectives:

What skills, abilities and knowledge will the Trainee acquire and be able to demonstrate at the end of the training period?

Training Methodology: (OR ATTACH A SEPARATE TRAINING PLAN)

Describe what tasks and how the trainee will be learning in the time period that you have chosen (i.e. week, month, quarter). Divide the training into as many periods that will be practical. Add additional pages as necessary.

TRAINING PERIOD	TOPICS	TRAINING METHODS	EVALUATION METHODS

Training Facility:				
Please indicate what resources the training facility has that will ensure an adequate training experience.				
Other Funding Sources:				
Please list any agencies that you are receiving funding for this training plan				
Comments:				
Circulation of Faralance Parameterine		Data (AAAA/AMA DD)		
Signature of Employer Representative		Date (YYYY-MM-DD)		
	-			
Name of Employer Representative (please print)				
OFFICE USE:				
OFFICE USE: TOJ APPROVAL NUMBER	REF.#			
	REF.#			
TOJ APPROVAL NUMBER	REF.#			







Training On the Job (TOJ)

APPLICATION B-T

TRAINEE APPLICATION

NOTE: The following pages are to completed by the trainee and/or the CDO (attach the application form the CMS)

Last Name			First Name						
Gender □ M □ F							1		
				Date of Birl	th - YY - N	/M - DD	_		
<u> </u>	<u> </u>	1							
				L loolth (Cord Nur	nhor			
	urance Number			Health C	Card Nur	nber			
Ethnicity: Inuit Aborigina	al Non-Inuit	ative							
TRAINIEE CONTACT	INICORMATION								
TRAINEE CONTACT	INFORMATION								
Permanent Mailing Address									
Community		Territory/F	rritory/Province			Postal Code			
Telephone	Email Ad	dress							
()									
Temporary Mailing Address	<u> </u>								
Community		Territory/Pr	rovince		Postal	Code			
Temporary Telephone		'		1					
()									
PREVIOUS EDUCATI	ION AND TRAII	NING							
Please indicate the highest grade le	evel completed:								
□ No formal education									
☐ Grade 1 ☐ Grade 2	☐ Grade 3	☐ Grade 4	☐ Grade 5	☐ Grade 6					
☐ Grade 7 ☐ Grade 8	☐ Grade 9	☐ Grade 9 ☐ Grade 10		☐ Grade 11 ☐ Grade 12 ☐ Grade 13					
☐ One year vocational training	☐ Two year vocation	onal training	☐ Three year vo	ocational training	9				
☐ One year industrial training			☐ Three year industrial training						
☐ One year post secondary	☐ Two year post se	econdary	☐ Three year po	ost secondary					
□ BAC (Bachelor's Degree) □ MAS (Master's Degree)		Degree)	☐ Ph.D (Doctor	ate)					
(

Please list any post-secondary courses/prog	grams that the trainee has taken:			
PROGRAM	INSTITUTION	LOCATION	FROM (YY - MM)	TO (YY - MM)
PREVIOUS EDUCATION A	AND TRAINING – TRADES A	AND APPRENTICE	SHIP SPECI	FIC
		APPILLATION	SHIP SPECI	
Have you (the trainee) ever been a registere	ed apprentice?			
☐ Yes ☐ No If "Yes" in what tra	nde?			
At what level?	ade?	☐ Journeyperson		
	erritory?	* *		
	olicable):			
What other job related skills do you have?				
DRIVER'S LICENSE				
Do you have a valid driver's license?	□ Yes □ No			
lf "Yes", Driver's Li	cense Number			
What type (class) o	f license is it?			
☐ Class 1: Tractor	Trailer Rigs	☐ Class 5: Medium and sn	nall motor vehicles	up to 11,000 kg
☐ Class 2: Buses	exceeding 24 passengers	☐ Class 6: Motorcycle		
☐ Class 3: Single	bodied motor vehicles exceeding 11,000 kg	☐ Class 7: Learner's perm	it	
☐ Class 4: Mediur	m and small taxicab/ ambulance			
Do you have your a	irbrakes endorsement ?	□ No		

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WORK/EINIPLOTINE	INT HISTORY			
Please list most recent first	#1	#2	#3	
COMPANY NAME:				
JOB TITLE:				
DUTIES:				
FULL-TIME / PART-TIME?	☐ Full-time ☐ Full-time seasonal ☐ Part-time ☐ Other:	☐ Full-time ☐ Full-time seasonal ☐ Part-time ☐ Other:	☐ Full-time ☐ Full-time seasonal ☐ Part-time ☐ Other:	
REASON FOR LEAVING				
PERIOD OF EMPLOYMENT	FROM TO (YY - MM)	FROM TO (YY - MM)	FROM TO (YY - MM) (YY - MM)	
WEEKLY EARNINGS	\$ /wk	\$ /wk	\$ /wk	
Are you willing to move for employment?				

CLIENT DECLARATION AND CONSENT TO RELEASE OF INFORMATION

I,
PLEASE PRINT YOUR FULL NAME
Social Insurance Number
hereby declare that :
 The information contained in my application for assistance under the Canada - Nunavut Labour Market Development Agreement and/or other GN Department of Family Services programs, is complete, accurate and true, to the best of my knowledge.
 I understand that false or misleading statements may result in legal action, criminal investigation, prosecution and in my eligibility to participate, the termination of my benefits and my repayment of benefits that I may have already received.
 I shall immediately notify the Department of Family Services should the circumstances of my eligibility or participation change.
4. I agree to refund any financial assistance to which I am not entitled; and
5. I authorize and consent to the Nunavut Department of Family Services's release, sharing or verification of information about me and / or my spouse and/ or my dependents to any agency, organization or government department for the following purposes:
 Determining my initial and ongoing need, eligibility or entitlement for programs or services, including financial assistance;
 Determining my status in participating, attending or making progress in programs and services; or
iii) Determining the results or outcomes from my participation or enrolment
Dated this, 20
SIgned
Witness Signature