

ALL INFORMATION NEEDS TO BE COMPLETED

| | | | |
|--|------------------------------|--------------------------------------|---------------|
| Port Elgin Education STUDENT APPLICATION FORM 115 Shipley Ave. Port Elgin ON N0H 2C5 | 50/50 Funding? YES | H&S Training Fund? YES | Course: _____ |
| | Phone 1-800-265-3735 | FAX 519-389-3845 | Date: _____ |

SIN: (For Payroll & Expenses) _____

First Name: _____

Last Name: _____

Address: _____

City: _____

Province: _____ Postal Code : _____

Smoker: Yes _____ No _____

(Unifor Education Centre is a completely smoke free facility.
This question is only to assist in assigning a roommate.)

Special requirements: i.e. accessible room, diet,
medical, etc. Yes _____ No _____
If so, what? _____

Local _____ Unit# _____

Employer _____

Employee Clock # _____ Dept. _____

Phone (Home) (_____) _____

Phone (Cell) (_____) _____

Email (Print clearly) _____

Date of Birth (mm/dd/yy) ____/____/____

Gender _____

Emergency Contact _____

Emergency Phone (_____) _____

Roomate Request: _____

| | |
|---|--------------------|
| ARE YOU ABORIGINAL OR PERSON OF COLOUR ? | YES _____ NO _____ |
| As part of our Union's commitment to ensure that we better reflect the diversity of our membership at all levels within the Union, we ask that you answer the above question so we can track participation. | |

IF ON SALARY CONTINUATION (YOUR EMPLOYER IS PAYING YOU AS USUAL THIS WEEK), MARK AN "X" IN PAYROLL SECTION

ARE YOU A: FULL TIME WORKER? _____ OR PART TIME WORKER? _____

\$ _____ + \$ _____ = \$ _____
 Current Wage Rate COLA Total Hourly Rate As of Date

\$ _____ \$ _____ \$ _____
 Aft. Shift Rate Night Shift Rate Other Hours per pay period

*If vacation pay is included in your regular pay
 (as per your collective agreement), enter
 percentage here _____%

Skilled Trades? Yes _____

Expected Rate Change (when) _____ How much? _____

| | |
|----------------------------|-----------------------|
| Applicant signature: _____ | Date Completed: _____ |
|----------------------------|-----------------------|

Local Union Verification:
 Signature: _____
 Print Name: _____ Title: _____

| |
|---|
| APPLICANTS CANNOT APPROVE THEIR OWN PAYROLL/EXPENSE FORM, MUST BE SIGNED BY THE PRESIDENT, FINANCIAL SECRETARY OR CHAIRPERSON OTHER THAN ONESELF. |
|---|