

ALL INFORMATION NEEDS TO BE COMPLETED

UNIFOR Education
UNIFOR – Service de l'éducation



STUDENT APPLICATION FORM

Course Name: _____

Course Date: _____

Port Elgin Education - 115 Shipley Avenue, Port Elgin, ON N0H 2C5
 Phone: 1-800-265-3735 Fax: 519-389-3845 e-mail: pel@unifor.org

PEL Funding? Yes No
 50/50 Funding? Yes No
 H&S Training Fund? Yes No

SIN: (For Payroll & Expenses) _____
 First Name: _____
 Last Name: _____
 Address: _____
 City: _____
 Province: _____ Postal Code : _____

Local _____ Unit# _____
 Employer _____
 Employee Clock # _____ Dept. _____
 Phone (Home) (_____) _____
 Phone (Cell) (_____) _____
 Email (Print clearly) _____

Smoker: Yes _____ No _____
 (Unifor Education Centre is a completely smoke free facility.
 This question is only to assist in assigning a roommate.)

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

Special requirements: Accessible room? **Y/N**
 Allergies? _____ **Y/N** Airborn or Ingested?
 Do you carry an Epipen? **Y/N** **Special Dietary Requests**
due to Medical Issues or Religion such as Hallal _____

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.

ARE YOU UNDER SALARY CONTINUATION YES NO (YOUR EMPLOYER IS PAYING YOU AS USUAL THIS WEEK), IF SO 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.