



Apprenticeship Training On the Job (ATOJ) APPLICATION PACKAGE

EMPLOYER Completes "Employer Application Pages 1-3",

Apprenticeship Training on the Job (ATOJ)

Employer application

APPRENTICE Completes "Apprentice Application Pages 1-4",

Apprenticeship Training on the Job (ATOJ)

Apprentice application

If you have any questions, please contact your regions career development office.





Apprenticeship Training On the Job (ATOJ)

EMPLOYER APPLICATION

EINIPLOYER INFORMA	HON			
Business Legal Name	CRA Business Number	P.O. Box Number		
Community	Territory/Province	Postal Code		
Business Telephone	Business Cell	Email Address		
Contact person Last Name	First Name	Position/Title		
Business Type				
Have you received ATOJ funding su	pport in the past?			
	If "Yes", what year?			
	Apprentice name			
TRAINING INFORMAT Please attach relevant qualifications to Tradesperson (DST) may be considered Apprentices Trade		ing Journey Person (SJP). A Designated Supervising CU.		
Apprentices fraue				
Name of SJP or DST	SJP or DST Qualification	ns (May be attached to this application)		
Apprentices Name	Red Seal # (If applicable	Red Seal # (If applicable)		
Brief Background of Apprentice				

Apprentice Level	
□ 1 □ 2 □ 3 □ 4	
Estimated Start Date (YY-MM-DD)	Estimated End Date (YY-MM-DD)
Nage / hour	Hours per week
\$	
Learning Objectives:	any other information that you may find relevant to your training plan. ntice acquire and be able to demonstrate at the end of the training period?
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_earning Objectives:	
_earning Objectives:	
_earning Objectives:	

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

Other Funding Sources:				
Please list any agencies that you are recei	iving funding for this training plan			
Comments:				
Signature	e of Employer Representative		Date (YYYY-MM-DD)	
Name of Empl	loyer Representative (please print)			
S	Signature of STP/DST	_		
Name	of STP/DST (please print)			





Apprenticeship Training On the Job (ATOJ)

APPRENTICE APPLICATION

NOTE: The following pages are to completed by the registered apprentice and/or the CDO

PERSONAL	INFORMAT	ION					
Last Name			First Name			Middle Name(s)	Gender □ M □ F □ Other
Social Insurance Number		Date of Birth			Nunavut Health Card Number		
				(MM-DD-YY	YY)		
Family Type:	☐ Children in F	Household	İ	☐ No Childre	n in Household	Number of Dependents	s:
Marital Status:	☐ Single	□ Ма	rried	☐ Common L	aw		
Language(s) spoken:	☐ English	☐ Fre	nch	☐ Inuktitut	☐ Inuinnaqtun	☐ Other:	
Language(s) written:	☐ English	☐ Fre	ench	☐ Inuktitut	☐ Inuinnaqtun	☐ Other:	
Indigenous Identity:	☐ Inuit	☐ Firs	st Nation	☐ Métis	☐ NTI Card Nur	mber:	
Citizenship:	☐ Canadian	□ Pe	rmanent R	esident	☐ Other (Explai	n):	
Visible Minority:	☐ Yes	□ No		☐ Prefer not	to report		
Immigrant:	☐ Yes	□ No		Immigration y	ear:		
Do you identify as havi	ing a disability?	☐ Yes	1 2	No ☐ Prefe	r not to report		
(Examples include but not or coordination difficulties						ifficulties, trauma history, mot pain, other)	or skills
CONTACT IN	NFORMATIO	ON					
P.O. Box Number			Commu	ınity		Territory/Province	;
Postal Code			Email			Telephone (Home	e)
Telephone (Cell)			Telepho	one (Work)		Preferred method	f of communication:
()			1)		☐ Email [☐ Mail ☐ Telephone

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

P	REVIOUS EDUCATION	ON AND TRAININ	G – TRA	DES AND AF	PPRENTICESHIP	SPECIFIC	
Are y	At what level In what provi	vhat trade?	□ 3 ut □ NWT	☐ 4 ☐ Journ	_ neyperson v/Territory:		
Trade	es Certificate(s), College Certific	ates/ Diplomas and/ or Unive	ersity Degree	e(s):			
What	other job related skills do you h	ave?					
El	DUCATION HISTOR	Υ					
Highe	est level of education completed?			Place of Education			
Name	e of Institution			End Date: (MM-DD-YYYY)			
List a	ny training or educational progra	ams you have completed.					
	PROGRAM	INSTITUTION		LOCATION	START DATE MM - YYYY	GRADUATION DAT	
1							
2							
3							

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

EMPLOYMENT I	HISTORY				
Current Employment Status Employed (Full- Employed (Parl		loyed (Full-time/Temp/Cas	· · · · · · · · · · · · · · · · · · ·		
Current Employer (Business	(Organization):	Emplo	yer Telephone Numb	per:	
Employer Address:			,		
Recent Employment Histo	ry: Please list most recent em	ployment first.			
COMPANY NAME	JOB TITLE	DUTIES	FULL-TIME/ PART-TIME	REASON FOR LEAVING	PERIOD OF EMPLOYMENT
			☐ FT Perm ☐ FT Temp ☐ PT Perm ☐ PT Temp		From (MM-YYYY) To (MM-YYYY)
			☐ FT Perm ☐ FT Temp ☐ PT Perm ☐ PT Temp		From (MM-YYYY) To (MM-YYYY)
			☐ FT Perm ☐ FT Temp ☐ PT Perm ☐ PT Temp		From (MM-YYYY) To (MM-YYYY)
Are you willing to move for e	mployment?	☐ Yes ☐ No			
Are you willing to move for to Reasons:	aining?	□ Yes □ No			
DRIVER'S LICEN					
Do you have a valid driver's Wha	license? ☐ Yes ☐ at type (class) of license is it?] No			
	Class 1: Tractor Trailer Rigs Class 2: Buses exceeding 24 Class 3: Single bodied motor Class 4: Medium and small ta	vehicles exceeding 11,000	☐ Class 6: Mo	torcycle	rehicles up to 11,000 kg
Do	you have your airbrakes endo	reamant 2	□ No		

, hereby declare that: PLEASE PRINT YOUR FULL NAME SOCIAL INSURANCE NUMBER 1. The information contained in my application for assistance is complete, accurate and true, to the best of my knowledge. 2. I understand that false or misleading statements may result in legal action, criminal investigation, prosecution and my ineligibility to participate, including the termination of my benefits and repayment of any benefits I have already received. 3. I shall immediately notify the Department of Family Services should the circumstances of my eligibility or participation change. 4. I agree that if I have provided an email address, this will be the primary means of communication with me regarding my program. 5. I agree to refund any financial assistance to which I am not entitled. 6. I authorize and consent to the Government of Nunavut releasing, sharing or verifying of information about me and/or my spouse and/or my dependents to any agency, organization or other government department for the following purposes: a) Determining my initial and ongoing need, eligibility, or entitlement for programs or services, including financial assistance; b) Determining my status in participating, attending or making progress in programs and services; or c) Determining the results or outcomes from my participation or enrolment. Dated this _____ Day of _____ 20 _

CLIENT DECLARATION AND CONSENT TO RELEASE PERSONAL INFORMATION

Apprentice Signature

Witness Signature