

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

Emergency Contact _____

Emergency Phone (____) _____

Roommate 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.