



Blood Tribe Employment & Skills Training 2025 Summer Work Experience Program



PART 1: Required Documentation Checklist

Completed BTEST/SWEP Registration Form	<input type="checkbox"/>
Spring 2025: Jan – April/June Verification of Full-time status (transcripts/letter from advisor/letter from sponsor)	<input type="checkbox"/>
FALL 2025: September – December Verification (registration/letter from advisor/letter from sponsor)	<input type="checkbox"/>
Resume and Cover Letter	<input type="checkbox"/>
Social Insurance Number (Mandatory)	<input type="checkbox"/>

Application Agreement

All registration forms must be complete and all documents must be submitted before you can apply for BTEST funded positions
You must be a full-time continuing student
You are responsible for keeping in touch with BTEST in regards to process
Due to the high number of student applications for summer employment, I agree not to quit my summer job if hired. If I do quit my summer job, I agree to be red-flagged from all BTEST funded Interventions for a period of three years according to the BTEST Programs Manual

I have read and understand all the information regarding the Summer Work Experience Program. I acknowledge the information in this application to be true to the best of my knowledge.

SIGNED: _____

DATE: _____

For Office Use Only	
Application Date:	
Application completed:	
Job Position received:	
Length of Position:	Position completed? :

BLOOD TRIBE EMPLOYMENT & SKILLS TRAINING CLIENT REGISTRATION FORM

CLIENT PERSONAL INFORMATION:

Social Insurance Number: _____ / _____ / _____ Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Full Name:

Last

First

Middle Initial or Name

Gender: ☐ Male ☐ Female

Date of Birth: _____ / _____ / _____
Year Month Day

Age: _____

ABORIGINAL IDENTIFICATION:

First Nation Group: ☐ Treaty Status (registered) ☐ Non-Status ☐ Inuit ☐ Metis ☐ Non-Aboriginal Person

Treaty Status #:

Band

Name: _____

First Nation Location: ☐ 6 ☐ 7 ☐ 8 ☐ Out of province

Band

Province: _____

LEGAL IDENTIFICATION & INCOME:

Citizenship: ☐ Canadian ☐ Other: _____ Are you entitled to work in Canada? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Common-law

Preferred Language: ☐ English ☐ French ☐ Other Spouse Name: _____

Are you currently in receipt or eligible for Employment Insurance (EI) (UIC)?

☐ Yes ☐ No

Have you received Employment Insurance (EI) (UIC) within the last 3 years?

☐ Yes ☐ No

Have you received (EI) maternity or parental benefits within the last 5 years?

☐ Yes ☐ No

☐ Unemployed

☐ Employed: ☐ F/T ☐ P/T ☐ Medical SFI or EI

☐ SFI-less than 6 months

☐ Band Funding

☐ Self Employed

☐ Child Welfare

☐ SFI-How Long? _____

☐ (WCB) Worker's Compensation

☐ Student Loan/Grant

☐ AISH Recipient

☐ Other: _____

Do you consider yourself to be a person with a disability?

☐ Yes ☐ No

What is the nature of your disability or select a disability type? _____

☐ mobility

☐ agility

☐ pain

☐ seeing

☐ hearing

☐ speaking

☐ memory

☐ learning

☐ physical

☐ mental

☐ psychological

☐ developmental

☐ health problems

Explain how your disability affects achieving sustainable employment? _____

How many dependent children do you have residing with you? _____

Ages: _____

REFERENCE INFORMATION ~ REFERRED BY:

☐ Self Referred

☐ Social Services

☐ Child Welfare

☐ Advertisement

☐ Family/Friend

☐ Internet

☐ Probation Office

☐ Newspaper

☐ Aboriginal Agency: _____

☐ Other: _____

ADDRESS INFORMATION:

How long have you resided at present address? _____ Years _____ Months

Address:

Street Address

Apartment/Unit #

City

Province

Postal Code

CONTACT INFORMATION

E-mail Address: _____

Home Phone: () _____

Cellular Phone: () _____

Messages: () _____

Emergency Call: () _____

Current Education InformationHave you taken or are you taking a **Federal or Provincial Training Program**? ☐ Yes ☐ No (if yes answer the following)☐ Life Skills ☐ Training Program ☐ Job Finders Club ☐ Other: _____

Course Title: _____

Where? _____

Start Date: _____

End Date: _____

Highest Level of
Education Completed: _____

Year/Month/Day

of Completion: _____

*Name of School**City, Province*☐ Certificate ☐ Technical ☐ 1 year ☐ 2 years ☐ 3 years**Vocational Training:** _____

Year/Month/Day

of Completion: _____

*Name of Training Institute, or Organization**City, Province*☐ Diploma ☐ Bachelors ☐ Masters ☐ Engineering ☐ Other: _____**Post-Secondary
Institution:** _____

Year/Month/Day

of Completion: _____

*Name of Program**City, Province***Industrial
Training** _____

Year/Month/Day

of Completion: _____

*Name of Technical Institute, College, University**City, Province***TRADE INFORMATION: YES ☐ OR NO ☐**Specialized
Trade: _____Level: ☐ Apprentice ☐ 1st Yr ☐ 2nd Yr ☐ 3rd Yr ☐ 4th Yr ☐ Journeyman*Name of Trade School**City, Province Registered**Date Registered***OTHER CERTIFICATIONS: YES ☐ OR NO ☐**

<input type="checkbox"/> CSTS	<input type="checkbox"/> TDG	<input type="checkbox"/> First Aid	<input type="checkbox"/> Forklift	<input type="checkbox"/> H2S	<input type="checkbox"/> Ground Disturbance
<input type="checkbox"/> WHMIS	<input type="checkbox"/> Chainsaw	<input type="checkbox"/> CPR	<input type="checkbox"/> ATV Rider	<input type="checkbox"/> H2S Alive	<input type="checkbox"/> Emergency Fire Dispatch
<input type="checkbox"/> EMR	<input type="checkbox"/> EMT	<input type="checkbox"/> Firefighter	<input type="checkbox"/> Food Safety	<input type="checkbox"/> Confine Space	<input type="checkbox"/> Confine Space Entry
<input type="checkbox"/> Baby Sitter	<input type="checkbox"/> Fall Protection		<input type="checkbox"/> B.O.P. (P.I.T.S.)	<input type="checkbox"/> Overhead Crane	

☐ List Other Tickets: _____**LANGUAGE SKILLS:**Language: English ☐ Reading ☐ Writing ☐ Speaking ☐ ListeningLanguage: French ☐ Reading ☐ Writing ☐ Speaking ☐ ListeningLanguage: Other _____ ☐ Reading ☐ Writing ☐ Speaking ☐ Listening**DRIVER'S LICENSE & TRANSPORTATION INFORMATION:**☐ Class 1 (any vehicle) ☐ Class 2 (Bus) ☐ Class 3 (3-axle plus) ☐ Class 4 (Taxi/Ambulance)☐ Class 5 (2 axle, car, RV) ☐ Class 6 (motorcycle) ☐ Class 7 (Learners) ☐ Q-Air Endorsed☐ Driver's License Suspension ☐ No Driver's License

Province: _____ Expiry Date: _____

Do you have a reliable vehicle for work? ☐ Yes ☐ NoDo you rely on public transit system for work? ☐ Yes ☐ No

EMPLOYMENT INFORMATION:**Most Recent Employer**

Employer: _____ Supervisor: _____

Job Title: _____ Hours worked per a week: _____

Rate of Pay: \$ _____ \$ _____
Hourly Monthly

Reason For Leaving _____

Start Date: _____ End Date: _____

2nd Employer

Employer: _____ Supervisor: _____

Job Title: _____ Hours worked per a week: _____

Rate of Pay: \$ _____ \$ _____
Hourly Monthly

Reason For Leaving _____

Start Date: _____ End Date: _____

3rd Employer

Employer: _____ Supervisor: _____

Job Title: _____ Hours worked per a week: _____

Rate of Pay: \$ _____ \$ _____
Hourly Monthly

Reason For Leaving _____

Start Date: _____ End Date: _____

EMPLOYMENT SOUGHT & BARRIER TO EMPLOYMENT INFORMATION:Type: ☐ Full-time ☐ Part-Time ☐ Casual ☐ Self Employment ☐ Seasonal ☐ Other
Duration: ☐ Permanent ☐ Temporary ☐ Seasonal ☐ Contract ☐ On Call ☐ Other

What type of work are you looking for? _____

How long have you been unemployed? _____ How long have you been actively seeking work? _____

Are you willing to relocate for work purposes? ☐ No ☐ Yes (Where) _____ Are you Bondable: ☐ Yes ☐ No

What is your career or training goals? _____

Have you been convicted of a criminal offense, for which you have not been pardoned? ☐ Yes ☐ NoDo you have appropriate tools and safety equipment required for the work you are seeking? ☐ Yes ☐ No**CLIENT CONSENT TO DISCLOSE INFORMATION & SIGNATURE**

I, _____, understand and consent to the disclosure and exchange of information between Blood Tribe Employment & Skills Training (BTEST) and/or its representatives: Community Futures Treaty 7-Labour Market Development Program (CFT7-LMDP), Service Canada, Alberta Employment Industry & Immigration (AEII), about the status and benefits of Employment Insurance, Income Support, Employment, Training Documents and personal information. I also authorize the disclosure and exchange of information between BTEST and any service providers or individuals that are involved in assisting me to complete my client action plan to verify that the information that I have provided to BTEST is true and accurate. Should I become a participant in a training program, I consent to the disclosure of my personal information to BTEST for statistical analysis and to record this information into the KETO Database for statistical purposes as required by Service Canada.

- ☐ In the event that I require funding for a skills enhancement intervention, this completed registration form (3 pages) will be part of the application process, as required by Blood Tribe Employment & Skills Training and/or contracted agents for project based training programs and individual funding requests.

Client Signature: _____ Today's Date: _____