

**ALL INFORMATION NEEDS TO BE COMPLETED**

Port Elgin Education <b>STUDENT APPLICATION FORM</b> 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 : \_\_\_\_\_

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. handicapped room, diet,  
 medical, etc. Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, what? \_\_\_\_\_

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: _____
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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.**