

ALL INFORMATION NEEDS TO BE COMPLETED

COURSE#

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 # _____ 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 (_____) _____
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.

PAID EDUCATION LEAVE APPLICATION

Member's Name: _____

Workplace: _____ Dept: _____

Master/E.E. # _____ Seniority: _____ Shift # _____

Representatives Name: _____

Have you ever attended a CAW/Unifor Conference/course in Port Elgin? Please list:

Do you attend general membership meetings?

Do you participate in Local Union activities (ie. Standing Committees, Recreational events)?
Please outline.

Do you volunteer in other areas outside the workplace - (ie. coach, counsel, fundraise, other organizations)? Please outline.
