



KIIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

CONSTRUCTION CRAFT WORKER TRAINING PROGRAM APPLICATION

With Discovery House

Social Insurance Number:		
First Name:	Maiden Name (If applicable):	
Last Name:		
Address:		
City/Town:	Province:	Postal Code:
Home #:	Cell #:	Other #: (Work)
Email Address:		
D.O.B (dd/mm/year/):	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/>	
Aboriginal Group: Registered <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/>		
Name of Band:	Do you live on reserve? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Status Registry Number:		
Next of kin:	Relationship:	
Home #:	Cell #:	Email: