**Manitoba Keewatinowi Okimakanak Inc.**

# Indigenous Skills & Employment Training (ISET)

**Job Starts Supports Program Application**

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| Name: |
| Address: |
|  City, Town, Village |  Province |   | Postal Code |
| Email Address:  | Telephone No. |

# Type of Financial Support Required:

\*\*Please note that the applicant must provide quotes for the cost of equipment/supplies needed for the job. If air fare or a bus ticket is required, please provide the actual amount to get to the job site. Air fare and bus tickets will be purchased for one way only, return tickets will not be purchased.

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| --- | --- |
| Applicant’s Signature: |  |

# Employment Verification:

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| Employer/Company Name: |
| Address: |
| City, Town, Village | Province |  | Postal Code |
|  |  |  |
| Contact Person: | Telephone No: |  | Fax No: |
| Start Date of Employment: |  |
| Location of Employment: |  |

Please note that verification will be done with the employer to confirm your start date and supplies you require to start employment.

# FOR OFFICE USE ONLY:

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| Date Application Received: |
| Review Date: |
| Reviewed By: |
| Client Intake Complete: [ ]  Yes [ ]  No Application Complete: [ ]  Yes [ ]  No |
| Amount Requested By Client: |

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| Has Employment Been Verified: [ ]  Yes [ ]  No Start Date: |
| Comments From Employer: |
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| Comments From E&T Coordinator: |
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| Amount Approved: |
| Approved By:Signature:  |
| Date: |