



Post-Secondary Education,
Training and Labour

Application Form SELF-EMPLOYMENT BENEFIT Workforce Expansion

(Formulaire disponible en français)

For Office Use Only

Application ID

*Funded by the Government of
Canada and the Province of
New Brunswick through the
Canada-New Brunswick Labour
Market Agreements.*

INCOMPLETE FORMS WILL BE RETURNED / PLEASE PRINT CLEARLY

Surname	Given Name	Initial(s)	Social Insurance #	Date of Birth (yy/mm/dd)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Mailing Address	City, Town, Village	Province	Postal Code	Gender (M/F)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In which official language do you prefer to receive correspondence? English French

Business Name

Business Mailing Address Major Activity of the Business

City, Town, Village Province Postal Code E-Mail Address (if applicable)

Business Location (City, Town, Village) Web Site Address (if applicable)

Business Type:
 Sole proprietorship
or
 Partnership Name of partner(s):
or
 Incorporated Name of shareholder(s):

Permanent Phone Number <input type="text"/>	Business Phone Number <input type="text"/>	If you are not available, with whom may we leave a message? Name: <input type="text"/> Phone No.: <input type="text"/>
Fax No. <input type="text"/>	Cellular No. <input type="text"/>	

EDUCATION

Type of School	School Name and Location	Year Attended From	To	Check one option for each type	Field of Study or Specialization	Diploma or Certificate
Secondary				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Community College				<input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		
University				<input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		
Private				<input type="checkbox"/> Incomplete <input type="checkbox"/> Completed		

Please indicate which of the following apply to you:

- Social Assistance Recipient
- Employment Insurance Recipient
- Received Employment Insurance Benefits in the last 36 months
- Received Employment Insurance during parental or maternity leave in the last 60 months
- Post-Secondary Graduate
- Student
- Newcomer (Immigrant)
- Visible Minority
- Aboriginal, please indicate which of the following apply: Status Non-Status Inuit Metis
- Disabled, please indicate which of the following apply: Mobility Hearing Vision Speech
- Other _____

- Are you planning on hiring employees? Yes No If yes, how many? _____
- Are you eligible to work in Canada? Yes No
- Are you unemployed? Yes No
- Will your business operate in New Brunswick? Yes No
- Has your business already started? Yes No If yes, when? _____
- Have you received funding under the SEB Program in the last 5 years? Yes No

OFFICE USE ONLY

Supplier Number :

Note: Supplier Numbers are issued to organizations or individuals that have received funding or payments from the provincial government.

EMPLOYMENT HISTORY - Give details of most recent history first

Employer Name and Address	Type of Work	Effective Dates	
		From	To

I certify that the information given by me in this application is true and complete. I hereby authorize the Department of Post-Secondary Education, Training and Labour, its agents and its service providers, to obtain a credit review during the assessment of my application under Self Employment Benefits. As well, I understand that the Department of Post-Secondary Education, Training and Labour, its agents and its service providers, may share the information contained in this application with other government departments when conducting reviews or assessments of the program. The undersigned understands that any false information given may result in rejection of this application. Criminal charges could also follow any false statements.

Applicant's Signature

Date

