

Community Enhancement Employment Program 2019-20 Employee Declaration Form

To be completed by project sponsor (please print)	
Sponsoring Organization Name	
Provincial District	CEEP Project Number
Please check if this is an original employee declaration form or a revised form: Original <input type="checkbox"/> Revised <input type="checkbox"/>	
Note: To be considered for employment, applicants are required to submit to the sponsor all of their Record(s) of Employment (ROE) from their previous employer(s) since their last EI application. The ROE(s) and this completed form must be submitted to the Department of Municipal Affairs and Environment seven calendar days prior to the individual starting work on the project. The Department will notify the sponsor in writing whether or not the individual is eligible to be employed on the CEEP project. Any labour costs incurred without written Departmental approval will not be reimbursed.	

To be completed by applicant (please print)			
Name	Hometown	Telephone Number	Social Insurance Number
Are you affiliated with this sponsor as a Mayor, Councillor, Committee Member or Board Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently employed (full-time, casual, part-time or call-in)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Note: If yes, you do not meet the hiring criteria; therefore not eligible to participate in this program.			
Are you currently on an EI claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: ▪ provide the end date of your EI claim ▪ attach a copy of <u>My Latest Claim</u> from "My Service Canada Account"	End Date of Claim	
Have you attached all ROE(s) since you last applied for Employment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I do hereby confirm that, as per the attached Record(s) of Employment, I am unemployed , and I require hours of employment on this project to become eligible for Employment Insurance (EI). I understand that should I receive hours through other sources while employed on a project, I will notify the sponsor immediately and will no longer be eligible to continue to work on that project.			

Applicant's Declaration
To the Department of Municipal Affairs and Environment (MAE), I declare that:
<ul style="list-style-type: none"> a) the hours that I require to be EI eligible does not exceed 400 hours; and have been calculated based on my current EI eligible hours deducted from 420 hours required for EI eligibility. (Note: EI eligibility is determined by Service Canada, 1.800.206.7218). b) I have provided all previous ROE(s) to this sponsor since my last EI claim to be submitted to MAE with this form. c) MAE may contact my former employer(s) if further information is required. d) in order to adequately monitor employment support programs, ensure that public funds are used properly, and conduct research and policy work, the above noted sponsor will submit my ROE (including Social Insurance Number) following completion of my project employment. This is a mandatory condition of employment. e) the information provided in my ROE(s) may be used for policy analysis, research, evaluation and program development purposes. This may include sharing or linking information from my ROE with information from the Government of Newfoundland and Labrador, the Newfoundland and Labrador Statistics Agency, the Government of Canada, or Municipal Governments. f) I agree to participate in a telephone survey related to this project if one is conducted. g) MAE can provide my name and home phone number to the Newfoundland and Labrador Statistics Agency to use for contacting me as part of a worker survey. I understand that this information and any responses I provide in a survey will be kept strictly confidential as required by the Statistics Act and that all survey results will be presented to MAE in aggregate form only so that no individuals can be identified. I also understand that any information I may provide will not affect my eligibility for this or any other program. h) I understand that making a false declaration may prevent me from future employment through provincial employment support programs.

I declare that the information provided herein is accurate and agree to the collection of information as stated above.

Applicant's Signature

Date

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Witness
(only for those applicants who sign with an "X")