CINUP

ENROLMENT APPLICATION

JG10-CU

Please mail the original completed in ink to CINUP and keep a photocopy for your records.

For CINUP use only: Company #_____ Firm #_____ Certificate #_____

☑ New Employee ☐ Reinstatement

TO BE COMPLETED BY EMPLOYER (Please print clearly in INK)

Employer Name Nishnawbe-Aski Legal Services - Contract Employees

Employer Code _____ Date of Employment (YYYY/MM/DD) Apr 11/22.

Employee Occupation Discharge Driver

Regular Earnings 25.00 Frequency ☐ Annually ☐ Bi-Weekly ☐ Weekly ☐ Semi-Monthly ☐ Monthly ☒ Hourly

hours/week _____

Is Status employee tax exempt (for RST purposes)? ☐ Yes ☒ No

Waive waiting period? ☒ Yes ☐ No

Authorized Employer Signature Walter Bray Date (YYYY/MM/DD) 2022/07/15

EMPLOYEE INFORMATION (To be completed by the employee — Please print clearly in INK)

Employee's Name Bray (LAST) Walter William (FIRST) (Billy) (INITIAL)

Gender ☒ Male ☐ Female Date of Birth (YYYY/MM/DD) 1952/03/28

Aboriginal Status ☒ Non-Status ☐ Status Status Registry Number (10 digits) _____

Marital Status ☐ Single ☐ Common Law — Date Started Living Together (YYYY/MM/DD) _____
☒ Married ☐ Divorced ☐ Separated

Address (Number, Street, Apt. Number) 20 Bigstone Bay Rd. City/Town Kenora

Province Ontario Postal Code _____ Phone (807) 407-4655

Email Address debra.bray@hotmail.com

DEPENDENT INFORMATION — List your spouse and children below (Please print clearly in INK)

Dependents age 21 and over must be full-time students. If applicable, please complete the Confirmation of School Attendence form.

	First Name	Last Name	Aboriginal Status	Date of Birth (YYYY/MM/DD)	Gender	Relationship
Spouse or Common Law	Debra	Bray	☐ Status ☑ Non-Status	1964/06/13	☐ M ☑ F	Spouse
Dependent Children			☐ Status ☐ Non-Status		☐ M ☐ F	
			☐ Status ☐ Non-Status		☐ M ☐ F	
			☐ Status ☐ Non-Status		☐ M ☐ F	
			☐ Status ☐ Non-Status		☐ M ☐ F	

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