



NISHNAWBE - ASKI  
Legal Services Corporation

ENTERED APR 18 2019

APIRO *APIRO*

## Employee Information

### 1. Personal Information

Full Given Name: SUTHERLAND DAVID  
Last First M Initial.

Address: 15 RIVERSIDE ROAD 87  
Street Address Box #

FORT ALBANY ON POL 1H0  
City/Town Province Postal Code

Home Phone: (705) 278-4473 Alternate Phone: ( )

Primary Email: sutherlandrd@hotmail.com

SSN #: 445 403 421 Status # ALBANY 1420098501

### 2. Job Information

Title: Relouse + Reintegrated Employee ID: \_\_\_\_\_

Supervisor: Danielle Wood Department: RELREI

Work Location: Fort Albany Work Email: dsutherland@nanlegal.on.ca

Work Phone: (705) 278-5049 Cell Phone: ( )

Start Date: NOV 5 118 Benefits: Yes Pension: Y / N Yes

Term Date: \_\_\_\_\_ Salary: \$ 50,000-

### 3. Emergency Contact Information

Full Name: SUTHERLAND Lucy  
Last First M Initial.

Address: 111 FOURTH ST. 12  
Street Address Box #

FORT ALBANY ON POL 1H0  
City/Town Province Postal Code

Primary Phone: (705) 278-1106 Alternate Phone: (705) 278-1008

Relationship: Niece



## NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

### OATH OF CONFIDENTIALITY

As an employee at Nishnawbe-Aski Legal Services Corporation (“NALSC”) you are privy to confidential material. Confidentiality of client and NALSC information is essential. Employees at NALSC shall not disclose to any member of the public any confidential information obtained by the employee in the course of his/her employment with NALSC.


All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC’s policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed among fellow trainees and/or employees of NALSC except for NALSC related business.

Confidentiality also applies to information about financial and personnel matters or any other confidential information that is attained during employment. We are entrusted with the confidential records of clients and of personnel throughout the Corporation. It is expected that you will comply with NALSC’s Oath of Confidentiality Agreement.

#### **EMPLOYEE STATEMENT OF NON-DISCLOSURE**

I have read and understand this statement. I agree to abide by NALSC’s Oath of Confidentiality Agreement as a condition of my employment at Nishnawbe-Aski Legal Services Corporation. Unauthorized disclosure of any confidential material may result in my immediate discharge from my position.

I acknowledge that I am bound by the terms of this agreement and further, that these confidentiality requirements continue after my employment with NALSC has ceased.

  
SIGNATURE

NOV 9 2018  
DATE

DAVID SUTHERLAND  
PRINT FULL NAME

  
SIGNATURE OF WITNESS

NOV 9/18  
DATE

Melanie Henderson  
PRINT FULL NAME OF WITNESS

**Nishnawbe-Aski Legal Services Corporation**  
**Acknowledgement**



\*\*I hereby acknowledge that I have received a copy of the Nishnawbe-Aski Legal Services Corporation, Employee Manual containing the Personnel and Harassment Policies of the Corporation.\*\*

\*\*I hereby acknowledge that I have read and understood the Employee Manual.\*\*

DAVID SUTHERLAND

Print Name

Signature

Dated this 9<sup>th</sup> day of November, 2018



Indian and Northern Affairs Canada

Affaires indiennes et du Nord Canada

CERTIFICATE OF INDIAN STATUS  
CERTIFICAT DE STATUT INDIEN

Registration no / Numéro d'inscription

**1420098501**

1420098501 DAVID SUTHERLAND



Family Name / Nom de famille  
**SUTHERLAND**  
Given Names / Prénoms  
**DAVID**

Alias / Nom d'imprimé

Date of Birth / Date de naissance Sex / Sexe  
**1951/03/07** **M**

Date of Issue / Date de délivrance  
**2014/05/26**

Renew Before / Renouveler avant  
**2024/03/07**

Registry Group no. and Name / No du groupe de registre et nom  
**142 - ALBANY**

Ontario

Driver's Licence  
Permis de conduire

ON  
CANADA



12 NAME / NOM

**SUTHERLAND,  
DAVID, R**

3 RES 67 15 RIVERSIDE RD  
FORT ALBANY, ON, P0L 1H0

4d NUMBER / NUMERO **S9480 - 15675 - 10307**

4a ISS / DEL **2016/02/08** 4b EXP / EXP. **2021/03/07**

5 DO / REF **DJ6458319** 16 HGT / HAUT. **178 cm**

15 SEX / SEXE **M**

9 CLASS / CATEG **G**

12 REST / COND

DOB / DEN **1951/03/07**



This is to certify that the holder is an Indian within the meaning of the Indian Act, chapter 27, Statutes of Canada (1985).  
La présente carte atteste que son titulaire est un Indien au sens de la Loi sur les Indiens, chapitre 27, Lois du Canada (1985).

Property of INAC / Appartient à AINC.  
Must be returned on request / Doit la être retournée sur demande.  
Return postage free to / Retourner en franchise postale à :

INAC/AINC, Ottawa, Ontario Canada K1A 0H4

To validate, call: **1-877-VALIDES**  
Pour valider la carte, faites le: **1-877-825-4338**

INAC serial no. / AINC N° de série **213293556**



Canada

ServiceOntario.ca

9 CLASS / CATEGORIE

Automobile/combin. (max. 11,000 kg),  
Towed vehicle (max. 4900 kg)  
Automobiles/ensembles de véhicules  
(11000 kg max.), véhicule remorqué  
ne dépassant pas 4900 kg

12 RESTRICTIONS / CONDITIONS

**DJ6458319**



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# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

*Return to Offices Plan - In Person Services Package*

## ACKNOWLEDGEMENT AND AGREEMENT

I, David Sutherland, acknowledge that I have read and understand all the documents included in the ***NALSC Return to Offices Plan - In Person Services Package***. In this package you will find the following Documents:

- *NALSC Return to Office Plan - In Person Services*
- *Disinfection Policy*
- *Responding to COVID-19 in the Workplace Policy*
- *Travel Policy*
- *Face Mask Policy*
- *Pre-screening Self Declaration Form*
- *Working From Home Policy*
- *Leave Related to COVID-19 Policy*
- *Personal Protective Equipment (PPE) Training Acknowledgment Package*
- *Resuming Operations - Follow up Survey*

Further, I agree to adhere to the ***NALSC Return to Offices Plan - In Person Services Package*** and will ensure that employees working under my direction adhere to this Plan. I understand that if I violate the rules/procedures outlined in this Plan, I may face disciplinary action, up to and including termination of employment.

**Name:** David Sutherland

**Signature:** 

**Date:** October 9, 2020

Sept 18, 2020

DAVID SUTHERLAND  
PO BOX 87  
FORT ALBANY ON P0L 1H0  
(705) 278-3451

057

DATE 2 0  
Y Y Y Y M M D D

PAY TO THE  
ORDER OF

VOID

\$

100 DOLLARS

 Security features  
included.  
Details on back.



CANADIAN IMPERIAL BANK OF COMMERCE  
BOX 68,  
MOOSONEE, ONTARIO P0L 1Y0

MEMO

MP

⑈057⑈ ⑆08992⑈010⑆ 74⑈73338⑈