

Income Assistance	
Form F – Employment Confirmation	Cant Information   First Name   Date of Birth (YY/MM/DD)
Applicant Information	
Last Name	First Name
Telephone	Date of Birth (YY/MM/DD) / /
Current Mailing Address	
Community	, NT Postal Code
Declaration	
Applicant Signature	Date (YY/MM/DD) / /
Employer Information – to be completed by	z Employer
Name of Company Firm/Person	
Occupation/Job Title	
Address	Email
Telephone	Fax Number
This Employment is:	Casual Seasonal
Start Date (YY/MM/DD) / /	End Date (YY/MM/DD) / /
First Pay Date (YY/MM/DD) / /	Terms of Employment
Expected Salary (Hourly)	Expected Salary (Two Weeks)
Payment will be: Weekly Bi-Weekly	Monthly Other
Is this employee able to receive an advance prior to first pay? If yes, how much?	☐ Yes ☐ No
Employer Job Title	
Employer Signature	Date (YY/MM/DD) / /

This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, section 41.(1)(g) and the *Northwest Territories Social Assistance Act and Income Assistance Regulations*. The privacy provisions of the ATIPP Act protect information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-767-9355