

CUPE LOCAL 30 EDUCATION APPLICATION

School Name: _____

Name _____ **Payroll#** _____ (Required)

(Required) **SOCIAL INSURANCE NUMBER** _____

(Required) **Date of Birth** - month _____ day _____ year _____

Address: _____

Postal Code: _____ **E-Mail:** _____

Phone Home # _____ **Work #** _____ **Cell #** _____

Please supply the following required information:

Supervisors Name: _____ (Required for LWO)

Phone # _____ **Email** _____ **Fax:** _____

Class Days: Sun ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___

Shift Scheduled: Sun ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___

Scheduled shift would be days € afternoons € or evenings €. Please indicate the number of hours you would usually work _____ (8 or 10) **Classification:** _____ **Pay Rate \$** _____

Please indicate income tax: **Basic Rate (single)** €yes or €no

Name of Course

- **First Choice** _____
- **Second Choice** _____
- **Third Choice** _____

Please outline how this Education will benefit the Local or the Labour movement.

Please list any Union "In-Town" Schools you have previously attended.

Please list any Union "Out-of-Town" Schools you have previously attended.

Please deliver this application in person, by mail or fax your to CUPE Local 30

Attention: Education Committee

#102, 10425 Princess Elizabeth Avenue, Edmonton, Alberta T5G 0Y5

Fax: 780-425-7753

Email: officeadminL30@shawbiz.ca