Page 1 of 2 SELF-EMPLOYMENT BENEFIT (10/06)								
New Nouveau Brunswick Department of Post-Secondary Education, Training and Labour								
Surname Permanent M	ailing Address	Given N		own, Vill		I Insurance #	Date of Birth (yy/mm/dd)	
In which language do you prefer to receive correspondence? English French								
Business Name: Major Activity of the Business Business Mailing Address Major Activity of the Business Postal Address E-Mail Address (if applicable) Business Location (City, Town, Village) Web Site Address (if applicable)								
Permanent Phone Number Business Phone Number If you are not available during business hours, who may we leave a message with? Fax No. Cellular No. Name: Phone No.: Phone No.: Phone No.:								
EDUCATION								
Type of School	School Name and Lo	cation	Year A From	ttended To	Check one option for each type	Field of Study or Specialization	Diploma or Certificate	
Secondary					□ 9 □10 □11 □12	2		
Community College					□ Incomplete □ Completed			
University					☐ Incomplete ☐ Completed			
Private					☐ Incomplete ☐ Completed			
Please indicate which of the following apply to you:Visible MinoritySocial Assistance RecipientVisible MinorityCurrently receiving Employment InsurancePost Secondary GraduateReceived Employment Insurance Benefits in the last 36 monthsFull Time StudentReceived Employment Insurance during parental/maternal leave in the last 60 monthsFull Time StudentAboriginal, please indicate any of the following:StatusNon-StatusInuitDisabled, please indicate any of the followingMobilityHearingVisionOther								

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Is this a partnership? Yes No If yes, provide names of partners								
Is this a corporation? Yes No								
Is this a sole proprietorship? Yes No								
Are you hiring employees? Yes No If	yes, how many?							
Are you eligible for work in Canada? Yes	No							
Are You Unemployed? Yes No								
Will your business operate in NB? Yes No								
Have you received funding under the Entrepreneur / Self Start /SEB Program in the last 5 years? Yes No								
EMPLOYMENT HISTORY - Give details of most recent history first								
Employer Name & Address	Type of Work	Effective Dates						
1 2	J 1	From To						
I certify that the information given by me in this application is true and complete. I hereby authorize the Department of Post-Secondary Education, Training and Labour to perform a credit review during the assessment of my application under Self-Employment Benefit. As well, I understand that the Department of Post-Secondary Education, Training and Labour, its agents and its service providers, may share the information contained in this application with other government departments when conducting reviews or assessments of the program. The undersigned understands that any false information given may result in rejection of this application. Criminal charges could also follow any false statements.								
Applicant's Signature		Date						
Internal Use Only								
SEB Status: Approved Rejected SEB Referring Agency								
Comments:								
	<u></u>	Y M D						
Commencement Date of SEB	Part I Entitlement Period End I							
Part II Benefit Training Start Date	Part II Benefit Training End Da	ate						
	Date							
SEB Coordinator Signature	PFTI Officer'	PETL Officer's Signature						
SEB COOlumator Signature	r ETE Officer	5 Signature						