

**Community Enhancement Employment Program (CEEP) 2025-26
Employee Declaration Form**

To be completed by project sponsor (please print)

Sponsoring Organization Name

Provincial District

CEEP Project Number

Is this an original employee declaration form or a revised form:

Original Revised

To be considered for employment, applicants are required to submit to the sponsor: **(1) all of their Record(s) of Employment (ROE) obtained within the last 12 months, (2) a copy of My Latest Claim from their My Service Account (if applicable), and (3) this completed form.** Sponsors must submit these documents to the Department seven calendar days prior to the individual starting work on the project. The Department will notify the sponsor in writing whether the individual is eligible to be employed on the project. Any labor costs incurred by the sponsor prior to receiving the written approval will not be reimbursed.

To be completed by applicant (please print)

Name	Full Mailing Address	Telephone Number	SIN
1. Are you affiliated with this sponsor as a Mayor, Councilor, LSD Committee Member, or Board Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide affiliation _____			
2. Are you currently employed (full-time, casual, part-time or call-in)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you do not meet the hiring criteria; therefore, you are not eligible to participate in this program.			
3. Have you attached all ROE(s) obtained within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, your application is incomplete and will not be considered for employment.			
4. Are you currently on an EI claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Occupation with last employer (i.e. Laborer, Fish Plant Worker)	

I hereby confirm that, as per the attached documents,

I am unemployed, and I require _____ hours of CEEP employment to become eligible for Employment Insurance (EI).

These requested hours will be subject to the approval of the sponsor based on their project's available funding and hours.

Applicant's Declaration

To the Department of Municipal Affairs and Community Engagement (MACE), I declare that:

- I understand that should I receive hours through other sources while employed on a CEEP project, I will notify the sponsor immediately that I am no longer eligible to continue to work on that project.
- The hours that I require to be EI eligible does not exceed 400; and have been calculated based on my current EI eligible hours deducted from 420 required for EI eligibility. (Note: EI eligibility is determined by Service Canada, 1.800.206.7218; the number of hours required for EI eligibility may change during the timeline of this program, and the hours I require will change accordingly).
- I have provided all previous ROE(s) obtained within the last 12 months, and if required, a copy of My Latest Claim from "My Service Canada Account" to this sponsor to be submitted to MACE with this form.
- MACE may contact my former employer(s) if further information is required.
- To adequately monitor employment support programs, ensure that public funds are used properly, and conduct research and policy work, the above noted sponsor will submit my ROE (including Social Insurance Number) following completion of my project employment. **This is a mandatory condition of employment.**
- The information provided on my Employee Declaration Form and ROE(s) may be exchanged and released to other Provincial government departments and/or agencies, as well as with the Government of Canada and/or Municipal Governments. The personal information collected will only be used and/or disclosed in accordance with ATIPPA, 2015.
- I agree to participate in a telephone survey related to this project if one is conducted.
- MACE can provide my name and home phone number to the Newfoundland and Labrador Statistics Agency to use for contacting me as part of a worker survey. I understand that this information and any responses I provide in a survey will be kept strictly confidential as required by the Statistics Act and that all survey results will be presented to MACE in aggregate form only so that no individuals can be identified. I also understand that any information I may provide will not affect my eligibility for this or any other program.
- I understand that making a false declaration may prevent me from future employment through provincial employment support programs.

I declare that the information provided herein is accurate and agree to the collection of information as stated above.

Applicant's Signature

Date

Witness

(only for those applicants who sign with an "X")