



Date Received _____

Late _____

EXPRESSION OF INTEREST FOR TRAINING OPPORTUNITY
for CUPE LOCAL 108 Employees

Training Information

Training Opportunity: _____

Date of Training: _____

Work Information

Current Position Title: _____

Current Supervisor: _____

Current Work Location: _____

Current shift: _____

Employee # _____ Seniority # (if known) _____

Driver's License Classification & Endorsement: _____

Personal Information:

Name: _____

Street Name & No. _____

Apt.No: _____

City/Town: _____ Prov: _____ Postal Code: _____

Contact Information:

Home # _____ Business # _____

Other # _____ E-Mail: _____

Completed forms to be returned to: Michelle Kelly
Work Location: 11 Turner Drive
Fax: 9-902-490-6042
Email: kellymi@halifax.ca