

SECTION 1: BUSINESS / APPLICANT PROFILE (TO BE COMPLETED BY THE EMPLOYER)

Employer / Company Name					
Address (number and street)		City, Town, or Post Office		Province	
Postal Code		Nearest major intersection			
Contact Name			Telephone Number () ()	FAX Number () ()	
E-Mail Address					
Revenue Canada Number (9 digits) (MANDATORY)			Did your company participate in the Summer Jobs For Youth program in 2009? <input type="radio"/> YES <input type="radio"/> NO		
Is your business currently / recently involved in lay-offs? <input type="radio"/> YES <input type="radio"/> NO			Type of Employer: <input type="radio"/> Private sector <input type="radio"/> Non-profit <input type="radio"/> Government <input type="radio"/> Broader public sector <input type="radio"/> Agriculture		
Which type of workplace safety insurance do you have? <input type="radio"/> WSIB <input type="radio"/> Alternate workplace safety insurance coverage, specify:			Business Sector: <input type="radio"/> Service <input type="radio"/> Retail <input type="radio"/> Manufacturing <input type="radio"/> Primary (includes agriculture) <input type="radio"/> Other		
Do you have Third Party Liability Coverage? <input type="radio"/> YES <input type="radio"/> NO			What Industry does your business Primarily operate in?: _____		
Size of business: (Number of employees) <input type="radio"/> 1 - 10 <input type="radio"/> 51 - 500 <input type="radio"/> 11 - 50 <input type="radio"/> 500+		Number Of Years in Business: _____		Total number of jobs / positions available: _____	
Number of Positions	NOC (office use)	Job Title and Key Tasks	Start / End Dates	Number of Weeks	Hours per Week
Other Job Requirements Car / ability to travel <input type="radio"/> YES <input type="radio"/> NO Specify: _____ Driver's license <input type="radio"/> YES <input type="radio"/> NO Specify: _____ Certificate / professional designations <input type="radio"/> YES <input type="radio"/> NO Specify: _____ Specific work attire <input type="radio"/> YES <input type="radio"/> NO Specify: _____ Other <input type="radio"/> YES <input type="radio"/> NO Specify: _____					



SECTION 3: SUMMER JOBS FOR YOUTH PROGRAM GUIDELINES
The Employer:

1. will comply with applicable Guidelines outlined below;
2. will provide the employee(s) with the same employment terms, conditions and benefits provided to the employer's other employees at the employee's job level;
3. will hire the employee(s) to work in Ontario and fill the position(s) approved in Section 1 of this document;
4. will ensure the employee(s) receives adequate supervision, regular and continuing instruction, and sufficient opportunity to learn the job duties;
5. will maintain adequate WSIB or Alternate workplace safety insurance and 3rd party liability insurance
6. will keep accurate attendance records of the employee(s), including days and hours worked, and submit timesheets as per the prescribed schedule to the Coordinator at Youth Opportunities Unlimited in accordance with the **Saturday – Friday** pay week;
7. will inform the Coordinator immediately if the employee(s) is to be dismissed, or has quit before the end of the Agreement;
8. will ensure that no regular full-time or part-time employees are displaced in anyway by the employment of the employee(s);
9. will not be receiving government funding from any other sources for this placement;
10. will not hire his/her spouse, sibling, child as an employee under this Agreement;
11. will comply with all applicable employment related provincial and federal employment statutes in respect of the employee(s);
12. is required to provide workplace specific safety training as required by federal and provincial statues and the Occupational health and Safety Act. The safety training must be provided before the worker attends his/her workstation and starts working;

Employer Declaration:

I, _____ warrant that all information described above is, to the best of my knowledge, correct, and hereby consent to and authorize the release and disclosure of that information to representatives of the participating provincial government ministries, for the purpose of administering the Summer Jobs for Youth Program.

Employer Signature:

Date:

EMPLOYERS: PLEASE ENSURE THAT STUDENTS ARE REGISTERED BEFORE THEY BEGIN EMPLOYMENT


Job descriptions will be used to determine the suitability of a candidate for placement in the areas of: strengths; character; skill; and interest.

JOB DESCRIPTION FORM

DATE SUBMITTED: _____

PLEASE INDICATE INFORMATION THAT IS **NOT** TO BE POSTED WITH THE JOB POSTING BY CHECKING BOX

COMPANY INFORMATION

Company Name _____

Street Address _____

City, Province _____ Postal Code _____

Phone _____ Fax _____

Email _____ Web Address _____

BIO (a brief description of the company) _____

CONTACT INFORMATION

Contact Name _____ Title _____

Phone _____ Ext #. _____

Fax _____ Email _____

JOB POSTING DETAILS

Job Title _____ # of Vacancies _____

Description of Requirements/ Duties _____

Start Date _____ Start Time on first day _____ Anticipated End Date _____ Job Location _____

Position Terms Full Time Part Time Summer Contract

Thank you for creating job opportunities for youth!

