

**SECTION 1: EMPLOYER PROFILE (To be completed by the Employer)**

Ce formulaire est aussi disponible en français

Employer/Company name \_\_\_\_\_

Address (number and street) \_\_\_\_\_ City, Town or Post Office \_\_\_\_\_ Province \_\_\_\_\_

Postal code \_\_\_\_\_ Nearest major intersection \_\_\_\_\_

Contact name \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone number \_\_\_\_\_ FAX number \_\_\_\_\_ CRA Business number \_\_\_\_\_ Farm Registration number \_\_\_\_\_

Is the employer currently or has recently been involved in lay-offs?  Yes  No

Does the employer have Third Party Liability Coverage?  Yes  No

Which type of workplace safety insurance does the employer have?  WSIB  Alternate workplace safety insurance coverage

<b>Type of sector</b> <input type="checkbox"/> private sector <input type="checkbox"/> public sector <input type="checkbox"/> not for profit <input type="checkbox"/> broader public sector	<b>Type of business</b> <input type="checkbox"/> service <input type="checkbox"/> manufacturing <input type="checkbox"/> retail <input type="checkbox"/> primary (including agriculture) <input type="checkbox"/> other specify: _____	<b>Size of the employer</b> <input type="checkbox"/> 1 - 10 employees <input type="checkbox"/> 11 - 50 employees <input type="checkbox"/> 51 - 500 employees <input type="checkbox"/> 500 + employees	<b>No. of Years in operation</b> _____	<b>Total number of jobs/positions for which the employer would like the \$2.00 hiring incentive</b> _____
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Number Of Positions	Job title and key tasks	NOC	Start Dates			End Dates			Number of Weeks	Hours per Week	Salary Hourly Rate (includes subsidy)
			day	month	year	day	month	year			

 Would you like the Service Provider to identify and refer candidates for the employer to interview for the above position(s)?  Yes  No

 If Yes, please complete the section below and **SECTION FOUR** of this form

**Other Job Requirements**

car/ability to travel:  No  Yes specify: \_\_\_\_\_

driver's license:  No  Yes specify: \_\_\_\_\_

specific work attire:  No  Yes specify: \_\_\_\_\_

Other:  No  Yes specify: \_\_\_\_\_

**SECTION 2: HIRING INCENTIVE APPROVAL (To be completed by the Summer Jobs Service Provider)**

Record Identifier	Number of jobs/positions approved	Number of positions filled by the Service Provider	Total hours approved	Total hiring incentive amount
Recommended by: _____ day month year			Approved by: _____ day month year	

## SECTION 3: TERMS AND CONDITIONS

### The Employer:

1. will comply with applicable Guidelines;
2. will pay the SJS Participant directly;
3. will provide the SJS Participant with the same employment terms, conditions and benefits provided to the Employer's other employees at the Employee's job level;
4. will hire the SJS Participant(s) to work in Ontario and fill the position(s) approved on Page 1 of this document;
5. will ensure the SJS Participant receives adequate supervision, regular and continuing instruction, and sufficient opportunity to learn the job duties including orientation/training in Workplace Health and Safety;
6. will submit claims for the hiring incentive as noted below, providing all necessary information in accordance with the instructions provided on the SJS Employer Claim Form;
7. will submit all claims for the hiring incentive within three weeks of after the job placement ends or OCTOBER 15 of the year, whichever comes first;
8. will keep accurate attendance records of the SJS Participant, including hours, days and weeks worked;
9. will agree, that upon request from the SJS Service Provider, shall provide all documents and information related to the claim for SJS hiring incentive, and access to the premises where the job is located;
10. will inform the SJS Service Provider immediately if the SJS Participant is to be dismissed, or has quit before the end of this Agreement;
11. will ensure that no regular full-time or part-time employees are displaced in any way by the employment of the SJS Participant;
12. will not be receiving government funding from any other sources for the same SJS Participant or the same SJS job placement;
13. will not hire the immediate family member of any of the Employer's officers, directors or senior management under this Agreement;
14. will make all legally required employer contributions and deductions in respect of the SJS Participant, including but not limited to CPP, EI, and federal tax;
15. will comply with all applicable employment-related provincial and federal employment statutes in respect of the SJS Participant;
16. will maintain adequate SJS Participant coverage under the Workplace Safety and Insurance Act or alternate workplace safety insurance coverage;
17. will maintain adequate third party liability coverage;
18. will ensure Employees hired under the Program meet the following eligibility requirements. This applies only when the Employee was independently selected and hired directly by the employer:
  - 15-30 years of age
  - not currently employed by the Employer (Exception: student whose part-time job will be increased to full-time)
  - planning to return to school in the fall of the year of the placement
  - eligible to work in Canada
  - not related to the Employer (for example: child, spouse, sibling).

### The Summer Jobs Service Provider:

1. will confirm to the Employer the positions and hiring incentives approved in the SJS, as noted on Page 1, Section 2 of this form;
2. if the SJS Participant was referred to the Employer through the SJS Service Provider, will ensure Employees hired under the Program meet the above eligibility requirements;
3. will monitor expenditures to ensure compliance with the terms and conditions of the Service Provider Agreement ;
4. will reimburse the Employer according to the schedule noted below, upon receipt of complete and accurate information from the Employer and verification from the SJS Participant.

### Employer Reimbursement Schedule:

### EMPLOYER DECLARATION

I am authorized to act on behalf of the Employer. The information provided on this form is complete and accurate and the Employer agrees to comply with the Terms and Conditions.

Employer's signature

Title

X

SJS Service Provider signature

Title

X

Printed name of SJS Service Provider

Date

**SECTION 4: JOB INFORMATION**

*(For applicants to a MTCU SJS Service Provider, i.e. community college or youth employment counselling centre only)*

Complete this page **ONLY** if you would like us to identify and refer candidates for you to interview for the position(s).  
Please complete a separate form for each **DIFFERENT** job you have available.

Job Title:	Number of available jobs:
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Brief description of the job:

Days of work:	Hours of work:	Is shift work required? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:
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Check days to work per week:     M     T     W     TH     F     S     SUN

Is the job site accessible to public transportation?     Yes     No

Skills/interests/qualifications required to perform the job:

Other job requirements: