

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

Ce formulaire est aussi disponible en français

Employer/Company name		CRA Business number	
Address (number and street)		City, Town or Post Office	Province
		Postal code	
Nearest major intersection		Contact name	
E-mail address		Telephone number	FAX number
		-	
Have you ever participated in the Summer Jobs Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", when?	With which Service Provider?
Type of sector	Type of business		Size of the employer
<input type="checkbox"/> private sector <input type="checkbox"/> public sector <input type="checkbox"/> not for profit <input type="checkbox"/> broader public sector	<input type="checkbox"/> service <input type="checkbox"/> manufacturing <input type="checkbox"/> retail <input type="checkbox"/> primary (including agriculture) <input type="checkbox"/> other specify:		<input type="checkbox"/> 1 - 10 employees <input type="checkbox"/> 11 - 50 employees <input type="checkbox"/> 51 - 500 employees <input type="checkbox"/> 500 + employees
Number of years in operation			
Briefly describe your organization and the types of occupations it supports:			
Is the Employer currently or has the Employer recently been involved in lay-offs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the Employer currently or has the Employer recently been involved in lay-offs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which type of workplace safety insurance does the Employer have? <input type="checkbox"/> WSIB <input type="checkbox"/> Alternative workplace safety insurance coverage			

Section 2: TRAINING POSITION INFORMATION - Complete a separate page for each DIFFERENT type of position

Workplace address (if different from above)		City, Town or Post Office		Province		Postal code	
Contact name		Title					
E-mail address		Telephone number		FAX number			
				-			
Training position title	No. of available positions	Scheduled days	Hours of work	Rate of pay	START Date		END Date
					day	month	year
Description of duties and components of job:				Basic skills and competencies required for the training position:			
What training and supervision are you able/willing to provide for the SJS participant?				Other requirements (if any):			

Section 3: DECLARATION AND SIGNATURE
NOTE: Intentional falsification of information on this form may lead to termination and exclusion from all Employment Ontario programs and services.

The Employer warrants that it will not:

1. Hire a SJS participant who is an immediate family member of the Employer's officers, directors or management staff.
2. Receive government funds from any other source for the same SJS participant or the same SJS job placement.
3. Use SJS participants to displace existing staff or replace laid off staff.
4. Hire the participant(s) before applying for the hiring incentive.

I am authorized to act on behalf of the Employer and the information on this form is complete and accurate.

Signature:	Title	Date
X		

Service Provider Use Only (assessment of training opportunity/work site):
