

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 _____ E-mail address _____

Telephone number _____ FAX number _____ Federal Business number _____ Farm Registration number _____

Is your business currently/recently involved in lay-offs?	Yes	No	Do you have Third Party Liability Coverage?	Yes	No	Which type of workplace safety insurance do you have?	WSIB	Alternate workplace safety insurance coverage

Type of Employer: private sector broader public sector non-profit	Agriculture	Size of business: (no. of employees)		Number of years in business:	Total number of jobs/positions for which you would like the \$2.00 wage subsidy?
	Yes	1 - 10	51 - 500		
	No	11 - 50	500 +		

Number of Positions	Job Title and Key Tasks	NOC	Start Dates DD/MM/YYYY	End Dates DD/MM/YYYY	Number of Weeks	Hours per Week	Salary Hourly Rate (includes subsidy)

Would you like us to identify and refer candidates for you 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: SUBSIDY APPROVAL (To be completed by the Summer Jobs Service Deliverer)

Record Identifier	Number of jobs/positions approved	Number of positions filled by agency	Total hours approved	Total subsidy approved
Recommended by:				(DD/MM/YYYY)
Date:				
Approved by:				(DD/MM/YYYY)
Date:				

SECTION 3: TERMS AND CONDITIONS

The Employer:

1. will comply with applicable Guidelines;
2. will pay the Employee directly;
3. will provide the Employee 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 participant(s) to work in Ontario and fill the position(s) approved on Page 1 of this document;
5. will ensure the Employee 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 wage subsidy as noted below, providing all necessary information in accordance with the instructions provided on the Summer Jobs Service Claim Form;
7. will submit all claims for the wage subsidy BEFORE October 15 of this year;
8. will keep accurate attendance records of the Employee, including days and hours worked;
9. will agree, that upon request from the Summer Jobs Service Deliverer, shall provide all documents and information related to the claim for Summer Jobs Service subsidy, and access to the premises where the job is located;
10. will inform the Deliverer immediately if the Employee 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 Employee;
12. will not be receiving government funding from any other sources for this placement;
13. will not hire his/her spouse, sibling, child as an Employee under this Agreement;
14. will make all legally required employer and employee contributions and deductions in respect of the Employee, 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 Employee;
16. will maintain adequate Employee coverage under the Workplace Safety and Insurance Act or alternate workplace safety insurance
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:
 - 15-24 years of age, up to 29 if a person with a disability
 - 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 this year
 - eligible to work in Canada
 - not related to the Employer (for example: son, daughter, spouse, brother, sister).

The Summer Jobs Service Delivery Agency:

1. will confirm to the Employer the positions and subsidies approved in the Summer Jobs Service, as noted on Page 1, Section 2 of this form;
2. if the Employee WAS referred to the Employer through the Summer Jobs Service Delivery Agency, will ensure Employees hired under the Program meet the above eligibility requirements;
3. will monitor expenditures to ensure compliance;
4. will reimburse the Employer according to the schedule noted below, upon receipt of complete and accurate information from the Employer.

Employer Reimbursement Schedule:

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 Service.

Employer signature

Title

Summer Jobs Service Delivery Agency signature:

Title

Printed Name of Summer Jobs Service Delivery Agency:

Date (DD/MM/YYYY):

_____|_____|_____

SECTION 4: JOB INFORMATION

(For applicants to a MTCU SJS Delivery Agency, 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

Brief description of the job:

Days of work

Hours of work

Is shift work required?:

Yes No

specify

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: