

Ce formulaire est aussi disponible en français

Staff is available to help you complete this form

Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French		Business Number		<i>Service Provider use only</i> Employer Reference Number		Date of Registration DD MM YYYY		
Registered Name (<i>Legal Name</i>)								
Trading Name (<i>if different from Registered Name</i>)								
Address								
Registered Address								
Number and Street Name			Unit/Suite/Apt	City		Prov	Postal Code	
Closest Intersection								
Business Address (<i>if different from Registered Address</i>)								
Number and Street Name			Unit/Suite/Apt	City		Prov	Postal Code	
Primary Telephone Number Area Code - Ext			Fax Number Area Code -					
Company Contact Information								
Name						Contact Type <input type="checkbox"/> Primary <input type="checkbox"/> Alternate		
Title						Telephone Area Code Telephone Number Ext		
Email Address								
Company Details								
Size of Business (<i>number of employees</i>) <input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 50 <input type="checkbox"/> 51 - 500 <input type="checkbox"/> 501 +			Type of Business <input type="checkbox"/> Service <input type="checkbox"/> Retail <input type="checkbox"/> Primary (incl. agriculture) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other, <i>specify</i> :					
Type of Sector <input type="checkbox"/> Private <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Public <input type="checkbox"/> Other, <i>specify</i> :						Number of Years in Business		
Briefly describe your business and the types of occupations it supports.								

Is your company currently/recently involved in lay-offs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have third party liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which type of workplace safety insurance do you have? <input type="checkbox"/> WSIB <input type="checkbox"/> Alternative workplace safety insurance coverage
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Training Position Information – Complete a separate page for each DIFFERENT type of position

Training Site Address (if different from above)

Number and Street Name	Unit/Suite/Apt	City	Province	Postal Code
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Telephone number Area Code Telephone Number Ext	FAX number Area Code Telephone Number Ext
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Training Position Title	Number of Available Positions
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Start Date DD MM AAAA	Scheduled Days	Hours of Work	Rate of Pay (per hour) \$
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Description of duties and components of job:

Basic skills required for the training position:

What training are you able/willing to provide for the new employee?

Other requirements (if any):

Declaration and Signature

NOTE: Intentional falsification of information on this form may lead to termination from the Employment Service.

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

Signature: X	Title:	Date DD MM AAAA
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Service Provider Use Only (assessment of training opportunity/work site):	North American Industry Classification System Code: <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>								