

**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? |
|   |  |                           |                              |

|   |  |  |   |  |
|---|--|--|---|--|
| <b>Type of sector</b><br><input type="checkbox"/> private sector<br><input type="checkbox"/> public sector<br><input type="checkbox"/> not for profit<br><input type="checkbox"/> broader public sector | <b>Type of business</b><br><input type="checkbox"/> service <input type="checkbox"/> manufacturing<br><input type="checkbox"/> retail <input type="checkbox"/> primary (including agriculture)<br><input type="checkbox"/> other    specify: |  | <b>Size of the employer</b><br><input type="checkbox"/> 1 - 10 employees<br><input type="checkbox"/> 11 - 50 employees<br><input type="checkbox"/> 51 - 500 employees<br><input type="checkbox"/> 500 + employees | <b>Number of years in operation</b><br>_____ |
|---|--|--|---|--|

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?  Yes  No

 Is the Employer currently or has the Employer recently been involved in lay-offs?  Yes  No    Which type of workplace safety insurance does the Employer have?  WSIB  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                     |               | 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:

- Hire a SJS participant who is an immediate family member of the Employer's officers, directors or management staff.
- Receive government funds from any other source for the same SJS participant or the same SJS job placement.
- Use SJS participants to displace existing staff or replace laid off staff.
- 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:<br><b>X</b> | Title | Date |
|------------------------|-------|------|

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