

STUDENT EMPLOYMENT AND EXPERIENCE DEVELOPMENT PROGRAM (SEED)

Summer Employment Placement Component

APPLICATION FORM FOR EMPLOYERS

Part 1



Department of Post-Secondary Education and Training, Employment Division

APPLICATION DEADLINE: March 1
(Formulaire disponible en français)

For Office Use Only

Application ID

PLEASE PRINT CLEARLY // INCOMPLETE FORMS WILL BE RETURNED

In which official language do you prefer to receive correspondence? English French

Legal Registered Name of Business, Organization or Government

Name of Branch, Division, etc. (if applicable)

Name of Referring Agency (if applicable)

Mailing Address (also add street address, if different)

City, Town, Village

Province

Postal Code

Business Location

Web Site Address (if applicable)

Name of Contact Person

Mr.
Ms.

Telephone Number: Area Code

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Alternate Number: Cellular or Residence

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Fax Number:

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E-Mail Address:

Type of Employer:

Government

Non-Profit

Municipality

First Nations

Crown Corporation

Major Activity of Business or Organization

Business Number (from Revenue Canada)

All Employers **MUST** have a payroll number. For information on how to apply for it, please call Revenue Canada at 1-800-959-5525.

Has this business/organization received any prior funding from the Provincial Government? Yes No

If YES, please provide Vendor Number, if NO, proceed to "Jobs Requested".

V

Note: Vendor Numbers are issued to organizations that have received funding or payments from the provincial government.

List jobs in order of priority.

If additional space is required, attach a separate sheet of paper.

Jobs Requested

No. of Jobs	Job Title	Work Location City, Town or Village	Hours per Week	Total Weeks	Projected Start Date (Y/M/D)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are any of these jobs already funded under other governmental programs? Yes No

Are these positions replacing regular employees or volunteers? Yes No

Have unions been consulted when job classifications are bound by collective agreement? Yes No N/A

AGREEMENT - Employer

I certify the information contained in this application is correct. If approved, I understand that if I do not continually observe program guidelines, the Department of Post-Secondary Education and Training may cancel the contract. I also understand that, as an employer, I would be responsible for the Workers Compensation premiums of employees hired under this program.

Signature

Date