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Inventory Registration Form WORK ABILITY

6277-04E (12/01)

For Office Use Only

Application ID

Funded by the Government of Canada and the Province of New Brunswick through the Canada New Brunswick Labour Market Development Agreement.

New War Nouveau
Brunswick

Department of Post-Secondary
Education and Training,
Employment Division

(Formulaire disponible en français)

PLEASE PRINT CLEARLY // INCOMPLETE FORMS WILL BE RETURNED				
In which official language do you prefer to receive corresponde	ence? English French			
Legal Registered Name of Business, Organization or Government	Name of Contact Person Mr. Ms.			
Name of Branch (if applicable)	Telephone Number: Area Code			
Name of Referring Agency (if applicable)	Alternate Number Cellular or Residence			
Mailing Address (also add street address, if different)	Fax Number:			
City, Town, Village Province Postal Code Business Location	E-Mail Address: Type of Employer: Government Non-Profit Municipality Private Crown Corporation First Nations			
Web Site Address (if applicable)	Major Activity of Business or Organization			
Business Number (from Revenue Canada)	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"			
Number of permanent employees in previous 12 months Number of part-time employees in previous 12 months	Note:			
Number of years in operation	Vendor Numbers are issued to organizations that have received funding or payments from the provincial government.			

	st jobs in order of priority additional space is require	ed, attach a separate sheet of p	oaper	
No. of Jobs	Job Title	Work Location City, Town or Village		otal Projected Start Date eks (Y/M/D)
Proposed Wage				
Job Description				
Skills Required				
Training Provided and O	bjectives			
Duties to be Peformed _				
No. of Jobs	Job Title	Work Location City, Town or Village		otal Projected Start Date eks (Y/M/D)
Proposed Wage Job Description				
Skills Required				
Training Provided and O	bjectives			
Duties to be Peformed _				
No. of Jobs	Job Title	Work Location City, Town or Village		otal Projected Start Date (Y/M/D)
Proposed Wage Job Description				
Skills Required				
Training Provided and O	bjectives			
Duties to be Peformed _				

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Are any of these jobs already funded under other government programs?	Yes No
Are these positions replacing regular employees?	Yes No
Have unions been consulted when job classifications are bound by collective agreement?	Yes No N/A
EMPLOYER AGREEMENT	
I certify the information contained in this application is correct. I understand any staff appr for a job which adds to the regular number of employees I have on staff. I am also awa employees must be maintained until the program concludes. I understand that if I do not cor program guidelines the Department of Post-Secondary Education and Training may cance to the fact that the Department of Training and Employment Development may share tapplication with other government departments when conducting reviews or assessments	are that this increased number of attinually observe this and all other I the contract. As well, I consent the information contained in this
Signature	Date
Signature	Date
Please forward your completed application to your local office of the Department of Post-Secondary Education and Train Employment Division.	