

Application Form

WORKFORCE EXPANSION PROGRAM

Employer Wage Subsidy

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 Brunswick
Nouveau Brunswick
Department of Post-Secondary
Education and Training,
Employment Division

(Formulaire disponible en français)

INCOMPLETE FORMS WILL BE RETURNED / PLEASE PRINT CLEARLY

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

2 Legal Registered Name of Business or Organization

Mailing Address (also add street address, if different)

City, Town, Village

Province Postal Code

Business Location

Web Site Address (if applicable)

Major Activity of Business or Organization

3 Name of Contact Person

Mr. Ms.

Title of Contact Person

Telephone

Number:

Area Code

Alternate Number: Cellular or Residence

Fax Number:

E-Mail Address
(if applicable)
Type of Employer: Private Non-Profit

If Private, please indicate which of the following would apply:

 Sole Proprietorship Partnership Incorporated

4

Business Number
(from Canada Customs and Revenue Agency)

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

5

Number of years in operation

6

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

Vendor Number

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

7 History of Employment Level

Please complete the following table using the codes (A,B,C,D,E or F) for each full-time and part-time employee on your payroll for the 12 months prior to your application under Workforce Expansion.

Owners should only be included if they are on the Payroll.

Codes Total Description

- A** Year Round Full-Time: 30 hours or more per week and 10 months or more per year.
- B** Year Round Part-Time: Less than 30 hours but more than 15 hours per week and 10 months or more per year.
- C** Seasonal Full-Time: 30 hours or more per week and less than 10 months per year, but more than 10 consecutive weeks
- D** Seasonal Part-Time: Less than 30 hours but more than 15 hours per week and less than 10 months per year, but more than 10 consecutive weeks
- E** Summer Student: Do not include students in year round (A, B) or seasonal (C, D) categories.
- F** Other. Please specify: _____

Name of Employee Please indicate months here →	Start with current month in box #1 and working backwards, use boxes #2 - #12 to record previous 11 months ie: Feb 2005/Jan 2005/Dec 2004 . . .											
	1	2	3	4	5	6	7	8	9	10	11	12
John Doe (example)	A	A	A	A	A	A	A	B	B	B	B	B
Jane Doe (example)					C	C	C					
Total Number of Employees												

8 Jobs Requested If space is required to list additional jobs or to provide job description(s), attach a separate sheet of paper.

No. of Jobs	Job Title	NOC (office only)	Work Location City, Town or Village	Hours /Week	Weeks /Year	Start Date (Year/Month/Day)	Hourly Wage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Job Description (duties, skills, education): _____

No. of Jobs	Job Title	NOC (office only)	Work Location City, Town or Village	Hours /Week	Weeks /Year	Start Date (Year/Month/Day)	Hourly Wage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Job Description (duties, skills, education): _____

- 9 Have the employee(s) already started working? Yes No
 Are any of these jobs already funded under other government programs? Yes No
 Have unions been consulted when job classifications are bound by collective agreement? Yes No No unions
 Are these positions replacing regular employees? Yes No

- 10 How are you planning to pay employee(s)? Hourly rate Piece Rate Commission
 Contract Salary

11 Reasons for hiring?

 Upon completion of the Wage Subsidy period, how will you maintain this / these positions?

- 12 Are there any planned layoffs, shutdowns or hourly reductions within the next year? Yes No
 If yes, when? Why?

13 **Other Comments:** _____

14 I certify that the information contained in this application is correct. I understand any money received under this program must be used to create a job which **ADDS** to the regular number of employees I have on staff at the time of approval. I am also aware that this increased number of employees must be maintained until the program concludes. As well, I understand that the Department of Post-Secondary Education and Training may share the information contained in this application with other government departments and/or contracted third party agencies when conducting reviews or assessments of the program.

 Signature Date

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