

Application Form Private Sector Employers

Date Received: _____

Program No. _____
Sector No. _____
Application No. _____
Region No. _____
NAIC No. _____

Please read the guidelines before completing this application. This application can also be completed online or downloaded as a PDF form at www.gov.pe.ca.

The personal information contained on this form is collected for the purpose of evaluating eligibility for Program assistance under the legal authority of section 32(2) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c.F-15.01. If you have any questions about the collection of this personal information, you may contact the Manager, Employment Development Agency, 1st Floor Sullivan, 16 Fitzroy Street, Charlottetown, P.E.I. Telephone: (902) 368-5805.

Above line for office use.

PART I – APPLICANT INFORMATION

Business/Community _____

Mailing Address _____

Civic Address _____

Postal Code _____ Telephone _____ Facsimile _____

Revenue Canada Business Number (Payroll Remittances) _____

Workers Compensation Board Employer Number _____

In Business Since? _____ Business Type _____

Number of Employees, Including Employer: Full-time _____ Part-time _____

Contact Person _____ Telephone _____ E-mail _____

PART II – PROJECT DETAILS

Office Use	Position Title	Start mm/dd/yy	Finish mm/dd/yy	Hours / Week	Wage Rate	Weeks
	1.					
	2.					
Total Number of Position Weeks						

Position 1. Education/Skills/Work Experience Required: _____

Duties: _____

Position 2. Education/Skills/Work Experience Required: _____

Duties: _____

continued on next page

Name the person(s) who will be responsible for keeping the employees' payroll records and providing supervision to the project employee.

Payroll Supervisor _____ Title _____ Telephone _____

Work Supervisor _____ Title _____ Telephone _____

Please calculate the amount of funds your project will require.

Total Number of Position Weeks _____ X _____ \$3.72 X _____ = _____
(Total Position Weeks) (Hourly Rate) (Hours/Week) (Funds Requested)

PART III – DECLARATION

I have read and fully understand the conditions of this application under the Jobs for Youth Program. I certify that the statements contained in this application and any attachments are to the best of my knowledge true and correct.

Employer's Signature _____ Name (please print) _____ Position _____ Date _____

Note: Positions must not be filled prior to application approval.