



2005 Survey of Service Industries: Employment Services

If necessary, please correct pre-printed information below.



0001	Legal name		0004	Address (number and street)	
0002	Business name		0005	City	
0021	Title of contact		0006	Province/ Territory or State	
0008	First name of contact		0053	Country	0007 Postal code/ Zip code
0028	Last name of contact		0010	Language preference	1 <input type="checkbox"/> English 2 <input type="checkbox"/> French

This information is collected under the authority of the *Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.*
COMPLETION OF THIS QUESTIONNAIRE IS A LEGAL REQUIREMENT UNDER THIS ACT.

A - Introduction

Survey Purpose

This survey collects the financial and operating data needed to develop national and regional economic policies and programs.

Data-sharing Agreements

In an effort to reduce reporting burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies for the sharing of data. The data are kept confidential and used for statistical purposes only. Please see the enclosed reporting guide for details of these agreements.

Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada. Please see the enclosed reporting guide for more information.

Fax or Other Electronic Transmission Disclosure

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

Reporting Instructions

- Report for **all** operation(s) and/or location(s) pre-printed in the above address area. If it is not possible to report for the above business unit(s), please explain the reason(s) in the **Comments** section at the end of the questionnaire.
- When precise values are not available from your records, estimates are acceptable.
- For further information about this survey and definitions, please consult the enclosed reporting guide.

Please return the questionnaire within 30 days.

**Please mail the completed questionnaire in the enclosed envelope
or fax it to Statistics Canada at 1 888 883-7999.**

Lost the return envelope or need help? Call us at **1 888 881-3666** or mail to:
Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6

B - Main Business Activity

1. Please describe the nature of your business.

0055

2. Please check the **one main activity** which most accurately represents your **principal** source of revenue.

0267 Employment placement agency services

0268 Temporary staffing services

0260 Co-employment staffing services/Professional employer organization services (PEOS)

0040 None of the above

If you checked, "None of the above", please call 1 888 881-3616 for further instructions.

C - Reporting Period Information

1. Please report information for your **fiscal year** (normal business year) ending between April 1, 2005 and March 31, 2006. Please indicate below the period covered by this questionnaire.

	YYYY	MM	DD		YYYY	MM	DD
From	0011	<input type="text"/>	<input type="text"/>	To	0012	<input type="text"/>	<input type="text"/>

2. If you **did not operate** this business unit for a **full year**, please check the reason(s) below:

0031 1 Seasonal operations 2 New business 3 Change of fiscal year 4 Change of ownership 5 Ceased operations 6 Temporarily inactive

Please complete only the questions that are applicable to your business.
When precise values are not available from your records, estimates are acceptable.

D - E - Not applicable

F - Industry Characteristics - Employment Services

		CAN\$
1.	Placement fees (including executive search)	2653
2.	Revenue earned for temporary employees and contractors (T4 recipients only)	2654
3.	Revenue earned for non-T4 contractors	2655
4.	Other sales (please specify): 2559	2558
5.	Total sales (sum of questions 1 to 4)	2305

Personnel costs and hours billed

Please report salaries, wages and benefits paid:

		CAN\$
6.	To internal office staff	3030
7.	To temporary employees and contractors (T4 recipients only)	3020

8.	Hours billed for temporary employees and contractors (T4 recipients only)	6327	Hours billed
----	---	------	---------------------

Occupational groups

	Number of placements	Number of temporary employees and contractors (T4 recipients only)	Number of non-T4 contractors	Number of internal office staff
9. Management (including executives)	6081	6090	6191	
10. Office/clerical and administrative support	6082	6091	6192	
11. Information technology (IT)	6083	6092	6193	
12. Professional (excluding IT)	6084	6093	6194	
13. Technical (excluding IT)	6085	6094	6195	
14. Industrial/trades	6086	6095	6196	
15. Sales/marketing	6087	6096	6197	
16. Other	6088	6097	6198	
17. Total	6089	6098	6330	

G - Not applicable

H - Sales by Type of Client

Please provide a percentage breakdown of your sales by type of client.

		%
1. Clients in Canada		
a) Businesses	8112	
b) Individuals and households	8100	
c) Governments and public institutions (e.g., hospitals, schools)	8233	
2. Clients outside Canada	8140	
Total		100%

I - Sales by Client Location

Please provide a percentage breakdown of your sales by client location (first point of sale).

		%
1. Newfoundland and Labrador	8400	
2. Prince Edward Island	8415	
3. Nova Scotia	8405	
4. New Brunswick	8410	
5. Quebec	8420	
6. Ontario	8425	
7. Manitoba	8430	
8. Saskatchewan	8435	
9. Alberta	8440	
10. British Columbia	8445	
11. Yukon	8455	
12. Northwest Territories	8451	
13. Nunavut	8452	
14. Clients outside Canada	8401	
Total		100%

J - K - Not applicable

L - Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person		Title 0014	0015		Date	
			YYYY	MM	DD	
Name of person to contact for further information: 0026		0013	First name			
1 <input type="checkbox"/> Mr. 2 <input type="checkbox"/> Mrs. 3 <input type="checkbox"/> Miss 4 <input type="checkbox"/> Ms		0054	Last name			
E-mail address 0018	Web site address 0020					
Telephone number 0017	Extension number 0027	Fax number 0016		Hour(s)		Minutes
How long did you spend collecting the data and completing this questionnaire?		9910		9909		

M - Comments

We invite your comments below. Please be assured that we review all comments with the intent to improve the survey.

9920 _____

9913 _____

9914 _____

9915 _____

9916 _____

Thank you for completing this questionnaire. Please retain a copy for your records.

Statistics Canada's publications are available for use in all major libraries.
As well, please visit our Web site at www.statcan.ca.

If you need help, please contact us at **1 888 881-3666**.