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STUDENT EMPLOYMENT AND EXPERIENCE DEVELOPMENT PROGRAM (SEED)

Summer Employment Placement Component APPLICATION FORM FOR EMPLOYERS



Department of Post-Secondary Education, Training and Labour

Part 1

APPLICATION DEADLINE: March 1

(Formulaire disponible en français)

For Office Use Only
Application ID

(03/07))

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, Division, etc. (if applicable) Name of Referring Agency (if applicable)	Telephone Number: Area Code Alternate Number: Cellular or Residence					
Mailing Address (also add street address, if different)	Fax Number: E-Mail Address:					
City, Town, Village Province Postal Code Business Location	Type of Employer: Government Non-Profit Municipality First Nations					
Web Site Address (if applicable)	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.					

Page 2 of 2 List jobs in order of priority. If additional space is required, attach a separate sheet of paper.						
Jobs Requested No. of	Work Location City, Town or Village	Hours per Week	Total Weeks	Projected Start Date (Y/M/D)		
Jobs Job Title	City, 10wii oi viniage	VVCCN	VVCCKS			
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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, Training and Labour 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		I	Date			