

Inventory Registration Form WORK ABILITY



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.

(Formulaire disponible en français)

PLEASE PRINT CLEARLY // INCOMPLETE FORMS WILL BE RETURNED

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

<p>Legal Registered Name of Business, Organization or Government</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Name of Branch (if applicable)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Name of Referring Agency (if applicable)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Mailing Address (also add street address, if different)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>City, Town, Village Province Postal Code</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 60%;"></div> <div style="border: 1px solid black; width: 10%;"></div> <div style="border: 1px solid black; width: 30%;"></div> </div> <p>Business Location</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Web Site Address (if applicable)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>Name of Contact Person</p> <p>Mr. <input type="checkbox"/> <div style="border: 1px solid black; width: 100%; height: 25px;"></div></p> <p>Ms. <input type="checkbox"/> <div style="border: 1px solid black; width: 100%; height: 25px;"></div></p> <p>Telephone Number: Area Code</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>Alternate Number <input type="checkbox"/> Cellular or <input type="checkbox"/> Residence</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>Fax Number:</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>E-Mail Address:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Type of Employer: <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Municipality <input type="checkbox"/> Private <input type="checkbox"/> Crown Corporation <input type="checkbox"/> First Nations</p> <p>Major Activity of Business or Organization</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
---	---

<p>Business Number (from Revenue Canada)</p> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> R P O O </div> <p style="font-size: x-small;">All Employers must have this payroll number. For information on how to apply for it, please call Revenue Canada at 1-800-959-5525.</p> <p>Number of permanent employees in previous 12 months <input style="width: 40px;" type="text"/></p> <p>Number of part-time employees in previous 12 months <input style="width: 40px;" type="text"/></p> <p>Number of years in operation <input style="width: 40px;" type="text"/></p>	<p>Has this business/organization received any prior funding from the Provincial Government? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please provide Vendor Number, if NO, proceed to “Jobs Requested”</p> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> V </div> <p>Note: Vendor Numbers are issued to organizations that have received funding or payments from the provincial government.</p>
--	---

List jobs in order of priority.

Jobs Requested

If additional space is required, attach a separate sheet of paper

No. of Jobs	Job Title	Work Location City, Town or Village	Hours per Week	Total Weeks	Projected Start Date (Y/M/D)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proposed Wage

Job Description _____

Skills Required _____

Training Provided and Objectives _____

Duties to be Peformed _____

No. of Jobs	Job Title	Work Location City, Town or Village	Hours per Week	Total Weeks	Projected Start Date (Y/M/D)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proposed Wage

Job Description _____

Skills Required _____

Training Provided and Objectives _____

Duties to be Peformed _____

No. of Jobs	Job Title	Work Location City, Town or Village	Hours per Week	Total Weeks	Projected Start Date (Y/M/D)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proposed Wage

Job Description _____

Skills Required _____

Training Provided and Objectives _____

Duties to be Peformed _____

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 approved under this program must be for a job which adds to the regular number of employees I have on staff. I am also aware that this increased number of employees must be maintained until the program concludes. I understand that if I do not continually observe this and all other program guidelines the Department of Post-Secondary Education, Training and Labour may cancel the contract. As well, I consent to the fact that the Department of Post-Secondary Education, Training and Labour may share the information contained in this application with other government departments when conducting reviews or assessments of the program.

Signature

Date

Please forward your completed application
to your local office of the

**Department of Post-Secondary Education, Training and Labour,
Employment and Learner Financial Assistance Division.**