

STUDENT EMPLOYMENT AND EXPERIENCE DEVELOPMENT PROGRAM (SEED) - COOP WORK TERM



EMPLOYER APPLICATION FORM

(Formulaire disponible en français)

For Office Use Only

Application ID

PLEASE PRINT CLEARLY // INCOMPLETE FORMS WILL BE RETURNED

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

Legal Registered Name of Business,
Organization or Government

Name of Branch or District (if applicable)

Mailing Address (also add street address, if different)

City, Town, Village

Province

Postal Code

Business Location

Web Site Address (if applicable)

Name of Contact Person

Mr.

Ms.

Telephone Number: Area Code

Alternate Number:

Cellular or

Residence

Fax Number:

E-Mail Address:

Type of Employer Eligible:

Government

NBCC

University

Hospital Corporation

Major Activity of Business or Organization

Business Number (from Revenue Canada)

All Employers **MUST** have this number. For information on how to apply for it, please call Revenue Canada at 1-800-959-5525.

List jobs in order of priority.
If additional space is required, attach a separate sheet of paper.

Jobs Requested for this (these) work term(s):

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

You **MUST** hire a student from a recognized co-operative education program. You must contact the post-secondary institution offering the co-operative program and identify a COOP student before submitting the application form.

Indicate the program name and the name of the educational institution.

PROGRAM

INSTITUTION

No request will be accepted without this information.

Will any of these jobs be 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

Date

Completed applications can be mailed or faxed to:

Department of Post-Secondary Education, Training and Labour
 P.O. Box 6000
 Chestnut Complex
 Fredericton, NB E3B 5H1

Fax - (506) 453-2148