



SUMMER CAREER PROGRAM EMPLOYER APPLICATION

Complete the application and email it to KETSC@kanesatake.ca to register by June 1st 2020, late applications will not be accepted

PART A – EMPLOYER INFORMATION – To be completed by applicant		
1. Canada Revenue Agency Registration Number (TPS)		2. Quebec Enterprise Number (NEQ)
3. Legal Name of Employer		
4. Common Name of Employer		5. Telephone: _____
		6. Fax No: _____
7. Status of Organizations: Private Sector Organization		Not-for-Profit Organization
8. Name of Contact Person		9. E-mail Address
10. Organization has existed since?(yy/mm/dd)	11. What is the main product or service of your organization?	
		12. Number of employees?
13. Service language: English	French	Correspondence: English
		French
14. Mailing Address		Postal Code
15. Address of Summer Career Program Activity		Postal Code
16. Other funding – Has the employer applied, or will the employer apply, for other funding for any of the jobs in this application? Yes No if YES, please specify: _____		
17. Worker's Compensation (if applicable)	Account Number: _____	Rate: _____
Other Insurance (if applicable)	Insurance Name: _____	Policy No.: _____

PART B – JOB TITLES AND RESPONSABILITIES – To be completed by applicant.	
Please attach a job description and/or project activities. Please attach additional sheets if needed If you intend on hiring a student with disability, please indicate so in the tasks and responsibilities of the job description.	
18. JOB TITLE I:	19. Wage rate per hour: <i>Minimum: Provincial Minimum Wage</i>
20. Name of Supervisor:	21. Phone Number:
22. Describe how health & safety will be promoted in the work place:	
23. Please indicate below, the level of education which is suitable for this job: High School CEGEP (Quebec only) University Other:	
24. JOB TITLE II:	25. Wage rate per hour: <i>Minimum: Provincial Minimum Wage</i>
26. Name of Supervisor:	27. Phone Number:
28. Describe how health & safety will be promoted in the work place:	
29. Please indicate the level of education which is suitable for this job: High school CEGEP (Quebec only) University Other:	

CALCULATION OF EMPLOYER'S TOTAL COST, INCLUDING CONTRIBUTION REQUESTED						
30. Job Titles	Number of positions	Start Date	Number of weeks	Hours per week	Total hours	Hourly rate paid to student
Total						

The Kanesatake Employment and Training Service Center and the Employer agree that, upon approval of the Employer's application, the Employer will provide work for the number of hours per week and number of weeks, approved by KETSC.

High School = 6 weeks CEGEP = 10 weeks University = 12 weeks
Depending on the availability of funds the duration of weeks may differ.

31. Signature of Employer/Supervisor
Name (Print)
Signature
Title
Date (yy/mm/dd)

Official KETSC Use Only:

Funding Type	CRF Youth	Service Canada	Education	Maximum KETSC contribution
Funding amount:				Total
Verified by:		Date: (dd/mm/yy/)		



Kanesatake Employment & Training Service Center
14-C Joseph Swan Road
Kanesatake , QC, J0N 1E0
Tel.:(450)479-8373 ext. 301
Fax : (450)479-1103
E-mail : ketsc@kanesatake.ca

Notes for filling out this file

1. Click on any form and start typing to enter your information
2. Date fields have a calendar you can use to choose the date. Click on the down arrow that appears when you select the field
3. You may ignore the signature fields to sign them at KETSC offices
4. If you do not know how to fill out a specific field the Employee Counsellor at KETSC will help you complete the form during your appointment with them
5. There is a Print button at the top of this form. Click on it to open the print dialog box to print the document
6. There is a Clear Form button at the top of this form. Click on it to remove ALL the Information you filled in

Options for submitting this file before your appointment

You have multiple options to make your appointment go quicker by filling out this form before your appointment with your employment counsellor, they are as follows:

1. Fill out this form as completely as you can, save the file and email it to ketsc@kanesatake.ca using the form title as the subject so the employment counsellor has access to the forms you filled out before your appointment.
2. Fill out this form as completely as you can and print this document and bring it in when you come in for your appointment
3. If you are familiar with Adobe PDF files and Digital signature you may digitally sign your document and email it to ketsc@kanesatake.ca

If you require additional help with Adobe PDF or would like to learn more, you can click on the following link.

<https://helpx.adobe.com/ca/acrobat/using/filling-pdf-forms.html>