

Employer Information

Section 1: BUSINESS PROFILE

Company Name			Federal business number	
Address	Nearest major intersection	Contact name	Telephone #	
			FAX #	

Have you ever participated in the Job Connect (JC) program? Yes No

If "Yes", when: _____ With which organization? _____

Type of sector		Type of Business			No. of Years in Business	Size of business	
private sector	not for profit	service	manufacturing	retail			1 - 10 employees
public sector	broader public sector	primary (including agriculture)	other	specify _____	11 - 50		500 + employees

Briefly describe your business and the types of occupations it supports:

Is your business currently/recently involved in lay-offs? Yes No

Do you have third party liability coverage? Yes No

Which type of workplace safety insurance do you have? WSIB alternative workplace safety insurance coverage

Section 2: TRAINING POSITION INFORMATION - Complete a separate page for each DIFFERENT type of position

Training site address (if different from above)		Contact name		Title	
Telephone #	FAX #	E-mail address			
Training Position title				Number of available positions	
Start date (DD/MM/YYYY)	Scheduled days	Hours of work		Rate of pay	
Description of duties and components of job:			Basic skills required for the training position:		
What training are you able/willing to provide for the new employee?			Other requirements (if any):		

Section 3: DECLARATION AND SIGNATURE

NOTE: Intentional falsification of information on this form may lead to termination from the Job Connect program.

I am authorized to act on behalf of the Employer and the information on this form is complete and accurate.

Signature	Title	Date (DD/MM/YYYY)
X		

Agency Use Only (assessment of training opportunity/work site):