

## **Akwesasne Career & Employment Support Services**

PO Box 965 Cornwall Ontario K6H 5V1 613-575-2626 Fax: 613-575-2863. www.acessjobs.ca

This Form MUST be completed in FULL by the sponsor employer to be considered.

#### JOB OPPORTUNITY PROGRAM APPLICATION FORM File #: REVENUE CANADA BUSINESS #/PAYROLL # (mandatory): (if none - a third party sponsorship letter MUST be attached) JO-**Employer:** Street Address: City: Province: **Postal Code: Phone Number:** Alt. Phone Number: **Contact Person:** Fax Number: Type of Organization: Profit Non-Profit **Email Address:** IS ORGANIZATION GOVERNED BY A BOARD? If Yes, a Resolution authorizing this application must be attached. ☐ YES □ NO STATE THE MAIN PRODUCTS OR SERVICES OF YOUR COMPANY AND HOW LONG YOU HAVE BEEN OPERATING: (Must be fully operational for 6 months or more to be eligible for this program) PLEASE STATE THE OBJECTIVES/EXPECTED RESULTS FOR THE PARTICIPANT OF THIS PROJECT: (attach separate page if necessary) **DURATION OF PROJECT:** LOCATION OF ACTIVITY: FROM: TO: WILL THIS PERSON BE HIRED AT THE END OF THE PROJECT? ☐ YES □ NO HAVE YOU ATTACHED A TRAINING PLAN FOR THIS PERSON? ☐ YES COMPREHENSIVE Insurance Coverage: WSIB/CNESST FOR EMPLOYEES ☐ YES ■ NO GENERAL LIABILITY ☐ YES ■ NO FOR BUSINESSES HAVE YOU SUBMITTED AN APPLICATION ELSEWHERE? ☐ YES □ NO IF SO, INDICATE WHERE AND WHO THE CONTACT PERSON IS: A.C.E.S.S. OFFICE USE ONLY: **ORG TYPE:** PROJECT OFFICER: NOC CODE: S.I.C. CODE: **ACTVITY CODE:**

# FINANCIAL SUMMARY WAGE COSTS

AGE COSTS				ACESS Wage	Employer	
OCCUPATION (4 per line)	No. of Weeks	Hours/Week	Total Hours	rate/hr.	Top up/hr.	Total rate/hr.
(1 per line) Col. 1	Col. 2	Col. 3	Col. 4 (2x3)	(\$14.325) Col. 5		
		000	(270)	30.1.0		
TOTALS:				4		
				1)		
IDI OVEDIO DE	CDONCIDII ITV					
IPLUTER'S RE	SPONSIBILITY MAI	IDATORY EMPLOYER	RELATED COSTS:	%	Y TOTAL WAGES =	2)
	WAI	IDATORT LIMPLOTER	RELATED COSTS.		CNESST or WSIB/CPP)	,
				(LI/+/0 Vacation 1 ay/c	DIVEOUT OF WORDFOLL)	
AINING COSTS	S (details must b	e provided on the	e attached Trainir	ng Plan Form)		
	(uotano maor s	o provided on the		·g · ······		
ax: = \$20/hour x total	number of training hou	rs for off-site purchased	training only.		TOTAL =	3)
ECIAL COSTS/	LEASING/PURC	HASE OF EQUIP	MENT (\$250+ / MA	AY be provided, M	UST be specific to	training)
			,			,
ax: = \$5,000 (3 quote	s MUST be provided for	r Special Costs)			TOTAL =	4)
ECIAL COSTS	FOR THE DISAE	BLED				T
\$40,000	#:-:	T. b. a. a. a. a. ida difan On a air	-1 O4- f4b- D:b1-d		TOTAL -	5)
ax: = \$10,000 per par	ticipant (3 quotes MUS	1 be provided for Specia	al Costs for the Disabled		TOTAL =	"
						I 6)
			TO	OTAL ACESS PROJECT	COST (1 + 3 + 4 + 5):	6)
NDS FROM OT	HER SOURCES	AND/OR EMPLO	YER'S CONTRIBL	JTION		
						1
					T0741	7)
					TOTAL =	' <i>'</i>
						l 0\
				PROJ	ECT GRAND TOTAL =	8)
I/WE CERTIFY	THAT EACH POS	ITION REQUESTE	D IS IN ADDITION	TO EMPLOYMEN	T PLANNED FOR	THE PERIOD.
_						
PRINT NAME		TITLE		SIGNATURE		DATE
PRINT NAME		TITLE		SIGNATURE		DATE



# AKWESASNE CAREER & EMPLOYMENT SUPPORT SERVICES P.O Box 965, Cornwall, Ontario K6H 5V1 Tel: (613) 575-2626 Fax: (613) 575-2863



#### JOB DESCRIPTION FORM

A.C.E.S.S. USE

FILE NUMBER:	

#### PLEASE COMPLETE THE FOLLOWING FORM FOR EACH POSITION BEING REQUESTED:

1)		CUPATION TITLE:			2)	Do you have a Par	ticipant in mind?
3)	Hours of Work Sunday	k/Days of Week: Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4)	, 						
6)		se list all duties particip			,		
	,		·	,			
7)	BASIC QUALI	FICATIONS/SKILLS	5: (What are the minin	num acceptable acaden	nic and/or skill level r	equired for this position	)
8)	KNOWLEDGE	& ABILITIES: (Requ	uired to perform duties	5)			



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A.C.E.S.S. USE FILE #

### TRAINING PLAN FORM

TRAINING (Outline Attached)		Provider	Dates/Total Hours	Cost		
	☐ On Site ☐ Off Site					
	☐ On Site ☐ Off Site					
	☐ On Site ☐ Off Site					
	□ On Site □ Off Site					
	□ On Site □ Off Site					
	□ On Site □ Off Site					
How will training / work performance be evaluated:						
Qualifications of Trainers (Resumes of Trainers should be attached if not provided by a recognized training institute):						