

Section 1: BUSINESS PROFILE

Company Name			Revenue Canada 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 delivery agency? _____

Type of Employer private sector <input type="checkbox"/> not for profit <input type="checkbox"/> public sector <input type="checkbox"/> broader public sector <input type="checkbox"/>	Type of Business service <input type="checkbox"/> manufacturing <input type="checkbox"/> retail <input type="checkbox"/> primary (including agriculture) <input type="checkbox"/> other <input type="checkbox"/> _____ specify _____	No. of Years in Business	Size of Business 1 - 10 employees <input type="checkbox"/> 51 - 500 employees <input type="checkbox"/> 11 - 50 <input type="checkbox"/> 500 + employees <input type="checkbox"/>
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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	Telephone # ()
	Title	FAX # ()

Training Position title			Number of available positions
Start date	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

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

I warrant that all information described above is, to the best of my knowledge, correct, and hereby consent to and authorize the release and disclosure of that information to representatives of the Ministry of Training, Colleges and Universities, for the purpose of administering the Job Connect program.

Signature	Title	Date
		

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