



Ministry of Training,  
Colleges and Universities



# SUMMER JOBS SERVICE Employer Application/Contract

## SECTION 1: BUSINESS/APPLICANT PROFILE *(To be completed by the Employer)*

Employer/Company name \_\_\_\_\_

Address (number and street) \_\_\_\_\_ City, Town or Post Office \_\_\_\_\_ Province \_\_\_\_\_

Postal code \_\_\_\_\_ Nearest major intersection \_\_\_\_\_

Contact name \_\_\_\_\_ E-mail address \_\_\_\_\_

Telephone number \_\_\_\_\_ FAX number \_\_\_\_\_ Federal Business number \_\_\_\_\_ Farm Registration number \_\_\_\_\_

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 Alternate workplace safety insurance coverage

Type of Sector	Type of Business		Size of Business	No. of Years in Business	Total number of jobs/positions for which you would like the \$2.00 hiring incentive
private sector	service	manufacturing	1 - 10 employees	[ ]	[ ]
public sector	retail	primary (including agriculture)	11 - 50 employees		
not for profit			51 - 500 employees		
broader public sector	other	specify _____	500 + employees		

Number of Positions	Job Title and Key Tasks	NOC	Start Dates DD/MM/YYYY	End Dates DD/MM/YYYY	Number of Weeks	Hours per Week	Salary Hourly Rate (includes subsidy)

Would you like us to identify and refer candidates for you to interview for the above position(s)? Yes No

If Yes, please complete the section below and SECTION FOUR of this form

### Other Job Requirements

car/ability to travel No Yes specify \_\_\_\_\_  
 driver's license No Yes specify \_\_\_\_\_  
 specific work attire No Yes specify \_\_\_\_\_  
 other No Yes specify \_\_\_\_\_

## SECTION 2: HIRING INCENTIVE APPROVAL *(To be completed by the Summer Jobs Service Deliverer)*

Record Identifier	Number of jobs/positions approved	Number of positions filled by agency	Total hours approved	Total hiring incentive amount
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Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YYYY)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YYYY)

**SECTION 3: TERMS AND CONDITIONS**

**The Employer:**

1. will comply with applicable Guidelines;
2. will pay the Employee directly;
3. will provide the Employee with the same employment terms, conditions and benefits provided to the Employer's other employees at the Employee's job level;
4. will hire the participant(s) to work in Ontario and fill the position(s) approved on Page 1 of this document;
5. will ensure the Employee receives adequate supervision, regular and continuing instruction, and sufficient opportunity to learn the job duties including orientation/training in Workplace Health and Safety;
6. will submit claims for the hiring incentive as noted below, providing all necessary information in accordance with the instructions provided on the Summer Jobs Service Claim Form;
7. will submit all claims for the hiring incentive BEFORE October 15 of this year;
8. will keep accurate attendance records of the Employee, including days and hours worked;
9. will agree, that upon request from the Summer Jobs Service Deliverer, shall provide all documents and information related to the claim for Summer Jobs Service hiring incentive, and access to the premises where the job is located;
10. will inform the Deliverer immediately if the Employee is to be dismissed, or has quit before the end of this Agreement;
11. will ensure that no regular full-time or part-time employees are displaced in any way by the employment of the Employee;
12. will not be receiving government funding from any other sources for this placement;
13. will not hire his/her spouse, sibling, child as an Employee under this Agreement;
14. will make all legally required employer and employee contributions and deductions in respect of the Employee, including but not limited to CPP, EI, and federal tax;
15. will comply with all applicable employment-related provincial and federal employment statutes in respect of the Employee;
16. will maintain adequate Employee coverage under the Workplace Safety and Insurance Act or alternate workplace safety insurance coverage;
17. will maintain adequate third party liability coverage;
18. will ensure Employees hired under the Program meet the following eligibility requirements. This applies only when the Employee was independently selected and hired directly by the employer:
  - 15-24 years of age, up to 29 if a person with a disability
  - not currently employed by the Employer (Exception: student whose part-time job will be increased to full-time)
  - planning to return to school in the fall this year
  - eligible to work in Canada
  - not related to the Employer (for example: son, daughter, spouse, brother, sister).

**The Summer Jobs Service Delivery Agency:**

1. will confirm to the Employer the positions and hiring incentives approved in the Summer Jobs Service, as noted on Page 1, Section 2 of this form;
2. if the Employee WAS referred to the Employer through the Summer Jobs Service Delivery Agency, will ensure Employees hired under the Program meet the above eligibility requirements;
3. will monitor expenditures to ensure compliance;
4. will reimburse the Employer according to the schedule noted below, upon receipt of complete and accurate information from the Employer.

**Employer Reimbursement Schedule:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employer Declaration:**

The Ministry of Training, Colleges and Universities provides funding to your Job Connect agency to provide the Job Connect and/or Summer Jobs Service. Your Job Connect agency has contracted with the Ministry to provide reports about the service it has provided to you, your satisfaction with the service, and other aspects of your educational and training experiences that will enable the Ministry to administer, fund, evaluate and monitor the services and to plan and deliver job training programs and services. The reports will identify you by a computer generated number but the Ministry will not collect your name or address. Your Job Connect agency has also contracted with the Ministry to allow the Ministry to audit its delivery of the service and administration of the funding and the Ministry may need to have access to all personal information collected by your Job Connect agency, including your name and address, but only if an audit is conducted. By signing below, I give consent to the Ministry to indirectly collect and use personal information about me for these purposes. The personal information collected and used by the Ministry is necessary for the purposes listed above, in accordance with s. 38(2) of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31, as amended. Questions about the collection and use of your personal information may be addressed to the Ministry of Training, Colleges and Universities, Employment Preparation Manager, 900 Bay Street, Toronto, Ontario, M7A 1L2, or by phone at (416) 326-5837.

<b>Employer's Signature</b>	Title
<input checked="" type="checkbox"/> _____	_____
<b>Summer Jobs Service Delivery Agency signature</b>	Title
<input checked="" type="checkbox"/> _____	_____
<b>Printed Name of Summer Jobs Service Delivery Agency</b>	Date (dd/mm/yy)
_____	_____

**SECTION 4: JOB INFORMATION**

*(For applicants to a MTCU SJS Delivery Agency, i.e. community college or youth employment counselling centre only)*

Complete this page **ONLY** if you would like us to identify and refer candidates for you to interview for the position(s). Please complete a separate form for each **DIFFERENT** job you have available.

Job Title

Number of available jobs

Brief description of the job:

Days of work

Hours of work

Is shift work required?:

Yes      No

specify \_\_\_\_\_

Check days to work per week:      M      T      W      TH      F      S      SUN

Is the job site accessible to public transportation?      Yes      No

Skills/interests/qualifications required to perform the job:

Other job requirements: