

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 <input type="checkbox"/> not for profit <input type="checkbox"/>	service <input type="checkbox"/> manufacturing <input type="checkbox"/> retail <input type="checkbox"/>	_____	1 - 10 employees <input type="checkbox"/> 51 - 500 employees <input type="checkbox"/>
public sector <input type="checkbox"/> broader public sector <input type="checkbox"/>	primary (including agriculture) <input type="checkbox"/> other <input type="checkbox"/> specify _____	_____	11 - 50 <input type="checkbox"/> 500 + employees <input type="checkbox"/>

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

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 (DD/MM/YYYY) _____

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