

**CAREER FOCUS**  
**EMPLOYER APPLICATION**  
 2012-2013



**SECTION A – EMPLOYER INFORMATION**

1. a) Employer type:  Business       Institutional Organization       Community/Non-profit  
 b) Is the business/organization currently in operation?       Yes     No
2. a) Full legal name of business/organization: (business/person to whom the wage incentive is to be provided)

Has your legal name changed over the past 12 months?       Yes     No

If yes, please provide the previous legal name:

b) Operating name of business/organization:

For larger organizations, please indicate branch or department name:

3. ADDRESS OF BUSINESS/ORGANIZATION      Has this mailing address changed in the last year?     Yes     No

Operating Address	City/Town	Postal Code
Mailing Address	City/Town	Postal Code

4. CONTACT PERSON

Name	Title	Phone
Fax	Email	

5. REVENUE CANADA BUSINESS NUMBER

6. WORKERS COMPENSATION NUMBER

**SECTION B – POSITION INFORMATION**

1. Have you applied to other government wage subsidy employment programs?     Yes     No

If yes, please identify program:

- Canada Summer Jobs (Federal)       Manitoba Mentorships       Youth Serves Manitoba  
 Hometown Green Team       Urban Green Team       Other: \_\_\_\_\_

Was your application to the abovementioned program(s) approved?       Yes     No     Pending

2. ASSISTANCE REQUESTED

Position Title: \_\_\_\_\_

Preferred Start Date	Number of Weeks	Hours per Week	Hours of Assistance Requested (select)	Training Allowance Requested (max \$100)	Hourly Wage
			<input type="checkbox"/> High School (160) <input type="checkbox"/> H.S. Apprenticeship (160) <input type="checkbox"/> Post Secondary (300) <input type="checkbox"/> Co-op (360)		

3. Work Location: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

4. POSITION DUTIES

List the duties of the position and the percentage of time spent on each. You may also attach a copy of the position description.	% of time

5. TRAINING REQUIREMENTS

a) What training will be provided to the student to assist him or her in performing the duties of the position?  
Please identify any opportunities for mentorship or personalized training.

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b) Please identify what workplace health and safety training will be provided to the employee.

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6. Is there potential for the student to continue on as an employee with your organization after the funding period ends?  Yes  No  Unknown

If yes, specify:  Full-time  Part-time  Casual

7. Has an appropriate union representative concurred with the decision to create this position and the corresponding salary?  Yes  No  N/A

8. Is this position in addition to your regular and/or seasonal staff complement?  Yes  No

9. Additional information:

Please provide any additional information you feel may assist the Assessment Committee with the review of this application.

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## SECTION C – EMPLOYEE INFORMATION

1. NAME OF EMPLOYEE: \_\_\_\_\_
2. Please explain how this position relates to the student’s career goals. What skills and training will the student develop in this position that will benefit his or her future career goals?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3.
  - a) Is the employee an immediate relative of the owner, hiring authority or any director of the business/organization?  Yes  No  
 If yes, specify relationship: \_\_\_\_\_
  - b) Is the employee an owner (or part owner) of the business?  Yes  No
  - c) Was this application initiated by an educational institution?  Yes  No
  - d) Did the employee initiate this application?  Yes  No

## SECTION D – INSTRUCTOR ENDORSEMENT

This section may only be completed by the instructor endorsing the proposed work as a career-related opportunity for the named employee. The endorsing instructor **cannot** endorse positions which they are supervising.

1. CONTACT INFORMATION

Name		School or Institution	
Mailing Address		Town/City	Postal Code
Telephone	Fax	Email	

2. Please explain how this position provides the student (**name must be entered**) \_\_\_\_\_ with a career-related employment opportunity.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Please indicate which category this position falls under:
 

<input type="checkbox"/> High School	<input type="checkbox"/> High School Apprenticeship Program
<input type="checkbox"/> Post-Secondary	<input type="checkbox"/> Post-Secondary Co-op

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION E - CERTIFICATION

- A. I hereby declare that I am the Applicant, or the authorized representative of the Applicant business/organization, named in the Employer Information Section of the Employer Application form.
- B. I have included with this application the position description(s) for which I am requesting program assistance. I understand that this and any subsequent position description(s) submitted by me and approved under the program form part of this application
- C. I understand that the officials responsible for Manitoba Career Focus have the authority to assess each application on its individual merits and will exercise their absolute discretion in determining the number of positions and amount of funding approved for each position
- D. I understand that upon approval of this application, the legal entity or the individual, as the case may be, named in the Employer Information Section of the Employer Application undertakes to comply with all conditions as set out in the Career Focus Employer Application Folder.
- E. I understand that if the Applicant named in the Employer Information Section fails to meet with any or all of the Terms and Conditions as set out in the Career Focus Employer Application Folder, the Applicant shall, upon request by the Government of Manitoba, be required to repay all funds paid to the Applicant.
- F. I understand that the position(s) applied for under this program must be in addition to regular and/or seasonal hiring and will have been created as a direct result of the financial incentive to be received through this program.

\_\_\_\_\_  
Name of Owner or Authorized Official of Business/Organization (Please Print)

\_\_\_\_\_  
Position with Business/Organization

\_\_\_\_\_  
Telephone Number

Signature: X\_\_\_\_\_

Date: \_\_\_\_\_

### ALL CAREER FOCUS APPLICATIONS MUST BE SUBMITTED TO:

**MANITOBA CAREER FOCUS**  
 Manitoba Children and Youth Opportunities  
 MB4Youth Branch  
 310-800 Portage Avenue  
 Winnipeg, Manitoba R3G 0N4

Phone: 204-945-3556  
 Toll-Free: 1-800-282-8069 (ext. 3556)  
 Fax: 204-945-5726

#### FOR OFFICE USE ONLY

Approval Recommended?

Yes	No
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Application Rejected

<input type="checkbox"/> Late	<input type="checkbox"/> No \$	<input type="checkbox"/> Not eligible	<input type="checkbox"/> Rejected SCP
<input type="checkbox"/> Other (specify)			

Program Code

CF
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POSITION NUMBER    1       2       3       4       or \_\_\_\_\_

APPROVED START DATE	TOTAL HOURS OF ASSISTANCE	TRAINING ALLOWANCE	HOURLY WAGE	Approver Initials

CLYP-SYS Entered by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CAREER FOCUS

## EMPLOYEE APPLICATION

2012-2013



**For Office Use Only**

Position Number

Employer File Number  1  0

### SECTION A - EMPLOYER INFORMATION

Name of Business/Organization \_\_\_\_\_

Address	City/Town	Province	Postal Code
Proposed Start Date of Employee	Employee Position Title		

### SECTION B – EMPLOYEE INFORMATION

Last Name	First Name	Phone Number	
Address	City/Town	Province	Postal Code

SIN

Date of Birth: \_\_\_\_\_  Male  Female  
MM / DD / YY

- Are you legally entitled to work in Canada?  Yes  No  
If yes, are you a:  Canadian Citizen  Landed Immigrant
- Are you an immediate relative of the owner, hiring authority, or any director of the business/organization?  Yes  No  
If yes, please specify relationship: \_\_\_\_\_
  - Are you an owner or part owner in this business/organization?  Yes  No
  - Are you a board member or member of the executive of the institution/ organization to which you are applying?  Yes  No
- If you fall within any of the following employment equity categories, please check the applicable box(es):
 

<input type="checkbox"/> Person with a Disability	<input type="checkbox"/> First Nation
<input type="checkbox"/> Visible Minority	<input type="checkbox"/> Inuit <input type="checkbox"/> Métis
- Are you currently employed more than 20 hours per week with another employer?  Yes  No  
If yes, employer and start date: \_\_\_\_\_  
If no, date of last employment: \_\_\_\_\_
- Please describe how this position is related to your career goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION C – STUDENT STATUS

1. Check one:       Full-time Student       Part-time Student       Not a student  
                                  Taking 60% or more of a      Taking less than 60% of a  
                                  normal year’s studies      normal year’s studies

2. Current level of education:

**High School**       Grade 9 or less       Grade 10       Grade 11       Grade 12

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**College**       Year 1       Year 2       Year 3 or more

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**University**       Year 1       Year 2       Year 3       Year 4 or more

Name of school: \_\_\_\_\_

Faculty/program: \_\_\_\_\_

3. Are you returning to school for your next term?       Yes     No

<p>I certify that the foregoing statements made by me are true in substance and complete to the best of my knowledge and that I have not withheld any information relative to this application. I understand that I am entitled to and will receive Vacation Allowance, at minimum, equal to 4% of my gross regular earnings for a partial year or should I continue employment for a full year, I will receive, at minimum, two weeks’ vacation with pay. I authorize Manitoba Children and Youth Opportunities to verify the above information.</p>	<p style="text-align: center;"><u>  X  </u>          _____          Employee Signature</p> <p style="text-align: center;">_____          Date</p>
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**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

The personal information is being collected under the authority of Manitoba Children and Youth Opportunities and will be used and disclosed for the purpose of determining your eligibility for employment opportunities with its programs. This personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact the Program Manager at 204-945-3755 at MB4Youth Branch, 310-800 Portage Avenue, Winnipeg, Manitoba, R3G 0N4.

**For Office Use Only**

Eligible Employee?	Approved Funding Start Date	Employee Status	Entered by	Program Code												
<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 16.6%; height: 30px;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> <td style="width: 16.6%;"> </td> </tr> <tr> <td>Y</td> <td>Y</td> <td>M</td> <td>M</td> <td>D</td> <td>D</td> </tr> </table>							Y	Y	M	M	D	D	1=Original 2=1 <sup>st</sup> Repl. 3=2 <sup>nd</sup> Repl.	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center;" type="text" value="CF"/>
Y	Y	M	M	D	D											

Signature: \_\_\_\_\_ Date: \_\_\_\_\_