

2009/2010
CAREER FOCUS EMPLOYER APPLICATION

Please read Career Focus Folder before completing this application.



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: (Corporation/Business/Person to whom the wage incentive is to be provided)

Has your legal name changed in 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 department/branch/facility name: _____

3. ADDRESS OF BUSINESS/ORGANIZATION Is this mailing address new within the past 12 months? Yes No

 (Operating Address) (Town/City) (Postal Code)

 (Mailing Address – for all program correspondence) (Town/City) (Postal Code)

E-mail Address: _____

4. NAME OF CONTACT PERSON TITLE

TELEPHONE _____

FAX _____

5. REVENUE CANADA BUSINESS NUMBER 6. WORKERS COMPENSATION NUMBER

SECTION B ASSISTANCE REQUESTED AND POSITION INFORMATION

NOTE: SHOULD YOU WISH TO APPLY FOR MORE THAN ONE POSITION, YOU MUST PHOTOCOPY AND SUBMIT SECTIONS B, C & D FOR EACH POSITION.

Please note:

- Applications will be accepted on a year-round basis and must be received at least three weeks prior to the proposed start date.
- Applications will not be accepted after June 22, 2009 for positions planned for July and August, 2009.
- Career Focus assistance may not be used to replace regular employees that have quit, been laid off or dismissed.
- Positions governed by union agreements or construction industry standards must pay appropriate wage rates.
- As of May 1, 2009 the minimum wage in Manitoba will be increased from \$8.50 to \$8.75 per hour. An additional increase will occur on October 1, 2009 bringing the minimum wage to \$9.00 per hour.
- MANITOBA STANDARD HOURS OF WORK ARE: 8 HOURS PER DAY, 40 HOURS PER WEEK. Employers wishing to extend or change these hours may apply to the Manitoba Labour Board for an Hours of Work (HW) Order. Overtime rates must be paid for all hours over standard hours of work. If you have been issued an HW Order, please provide a copy with your application.

1. Have you submitted an application for funding assistance to another government wage subsidy employment program? Yes No

If yes, please identify program: Canada Summer Jobs (Federal) Manitoba Mentorships
 Youth Serves Manitoba Hometown Green Team Urban Green Team

Other *Indicate program:* _____

If **yes**, was the requested assistance for the above position approved? Yes No Not Yet Known

2. Assistance Requested

POSITION TITLE:					
PREFERRED START DATE	NUMBER OF WEEKS	HOURS OF EMPLOYMENT PER WEEK (MIN 25) (MAX 40)	TOTAL HOURS OF ASSISTANCE (MIN 200) (MAX 560)	TRAINING ALLOWANCE REQUESTED (MAX \$100)	HOURLY WAGE TO BE PAID

3. Job Site Location: _____

Name of Supervisor: _____ Telephone Number : _____

4. List the duties of the position and indicate approximate percentage of time spent on each.
Please attach a copy of the position description if you prefer.

	% of Time

5. TRAINING REQUIREMENTS

a) What training will be provided to the student to assist them in performing the duties of the position?
 Please identify any opportunities for mentorship or one-on-one training.

b) Please identify any applicable safety training that will be provided to the employee.

6. Is there potential for this position to continue after the funding period ends?

Yes No If yes, specify: full-time part-time casual

7. Has an appropriate union representative concurred with the position being created and salary to be paid?

Not Applicable Yes No Position does not fall within the agreement

8. Additional Information:

- Please explain how the position is in addition to your regular and/or seasonal staff complement.
- Please provide any additional information you feel may assist the Assessment Committee with the review of this application.

FOR OFFICE USE ONLY

Approval Recommended

If no, reason for rejection:

YES

NO

Late No \$ Not Eligible Rejected SCP

Rejected Other _____

Program Code
CF

POSITION NUMBER 1 2 3 4 or _____

APPROVED START DATE	TOTAL HOURS OF ASSISTANCE (MIN 200) (MAX 560)	TRAINING ALLOWANCE REQUESTED (MAX \$100)	HOURLY WAGE TO BE PAID	CF Officer Approval Initials

CLYP-SYS Entered by: _____ Signature: _____ Date: _____

SECTION C EMPLOYEE INFORMATION

1. NAME OF EMPLOYEE: _____

2. Please explain how this position relates to the student's career goals. What skills/training will the student gain through this position that will benefit him/her in the future?

3.
 - a) Is the employee an immediate relative (father, mother, legal guardian, spouse, child/ward, brother, sister) 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 ENDORSEMENT

This section must be completed by the instructor endorsing the proposed work experience as being career-related for the named employee. Endorsing instructor can not endorse positions they will be responsible for or are supervising.

Instructor Name

School or Institution

Telephone Number

Mailing Address

Town/City

Postal Code

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

2. Is this a co-operative education program placement? Yes No

3. Is this a Senior Years Apprenticeship Option? Yes No

Signature: X _____

Date: _____

SECTION E CERTIFICATION – CAREER FOCUS 2009–2010

- 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: _____

*CAREER FOCUS RESERVES THE RIGHT TO APPROVE OR REJECT
PROPOSED POSITION(S) AND/OR EMPLOYEE(S) ON THE BASIS
OF ITS OWN INDEPENDENT ASSESSMENT.*

ALL CAREER FOCUS APPLICATIONS MUST BE SUBMITTED TO:

MANITOBA CAREER FOCUS
MB4Youth
Manitoba Education, Citizenship and Youth
310 - 800 Portage Avenue
Winnipeg, Manitoba
R3G 0N4

Phone: 945-3556

Toll-Free: 1-800-282-8069 (ext. 3556)

Fax: 945-5726