

Urban/Hometown Green Team Program Employee Profile Form 2025



Deadline: submit form within 1 week of hiring
Send to: greenteam@gov.mb.ca

Organizations are responsible for ensuring employees meet the eligibility requirements (see Program Guidelines at www.manitobago.ca) and must submit an Employee Profile form for each youth they hire. Hours will not be reimbursed if an employee does not meet program criteria. **Organizations will receive an e-mail confirming the approval of each employee by name that meets program criteria.**

SECTION A: (to be completed by employer)

1. Name of Organization: _____ File #: _____
2. Employee First Name: _____ Last Name: _____
3. Employee's start date under the Green Team program: _____ Estimated End Date: _____
4. Is this employee legally entitled to work in Canada? (Canadian citizen; landed immigrant; or student with a valid visa) Yes ☐ No ☐
5. If the employee is 15 years of age, our organization will obtain a copy of their certificate of completion for the Young Worker Readiness Certificate Course signed by a parent/guardian and know the rules that restrict the young person's hours of employment and the type of work they can do. N/A ☐ Yes ☐ No ☐
6. If the employee has contact with youth under the age of eighteen, and/or vulnerable persons, our organization will obtain a criminal record check, including a vulnerable sector search and a child abuse registry check (and/or an adult abuse registry check if applicable) and discontinue the employee's contact with youth and/or vulnerable persons if the results from the checks raise any apprehension regarding their safety which may include re-deployment of the employee to a different position. N/A ☐ Yes ☐ No ☐
7. Our organization will ensure that the employee has a valid Social Insurance Number. Yes ☐ No ☐
8. Our organization will ensure that all approved employees receive safety and health training in accordance with the provincial Workplace Safety and Health Regulations before allowing employees to start work. Resources are available at www.safemanitoba.com. Yes ☐ No ☐
9. Is this employee an immediate relative (spouse, child or sibling) of a board member, director or executive member of the organization or of any person who is involved in the hiring or supervision of the Green Team employee(s) for the summer? Yes ☐ No ☐
10. Has this employee been employed with your organization for longer than 3 months on a full-time basis (more than 24 hours per week) just prior to May 1, 2025? Yes ☐ No ☐
11. Does this employee have any financial interest in your organization (excluding Green Team wages) or is a board member of your organization? Yes ☐ No ☐
12. Is this employee self-employed, an independent contractor, a sub-contractor or a commissioned salesperson? Yes ☐ No ☐
13. Has hiring this employee resulted in the lay-off, reduction of hours or dismissal of any existing employees or replaced employees who have previously been laid-off or dismissed? Yes ☐ No ☐
14. Is this employee being partially or fully funded for their wages by other provincial or federal government employment programs at the same time as their Green Team employment? Yes ☐ No ☐

Employer Certification

I hereby declare that I have read and understand the terms and conditions of the program and certify that the information stated on this Employee Profile form is accurate and true.

I hereby confirm that our organization has implemented adequate measures to ensure that our hiring practices and work environment are free of harassment and discrimination, and that these measures comply with all applicable laws and regulatory requirements, whether federal, provincial or municipal, including (without limitation) labour, employment and human rights laws.

Signing your name below shall constitute legal execution of this Employee Profile form.

_____ Name of Authorized Representative	_____ Position Title
_____ Signature	_____ Date

SECTION B: (to be completed by employee)

1. Employee First Name: _____ Last Name: _____

2. Mailing Address: _____

City / Town: _____ Province: _____ Postal Code: _____

3. Phone #: _____ E-mail Address: _____

4. Date of Birth (Y-M-D): _____

5. Gender: Male ☐ Female ☐ Other / Do not wish to report ☐

6. If you wish to report, check off all categories that apply:

Indigenous ☐

Landed immigrant ☐ – Year of Arrival/Landing (YYYY): _____

Visible minority ☐

Youth with a disability ☐

7. If you wish to report, what was your status prior to your employment with Green Team this year?

Employed? ☐

Unemployed? ☐

Self Employed? ☐

Not in the Labour Force? ☐

8. If you wish to report, what was your highest level of study prior to your employment with Green Team this year?

- | | | |
|--|---|--|
| No formal education <input type="checkbox"/> | Grade 10 <input type="checkbox"/> | 1 year college/vocational education <input type="checkbox"/> |
| Grade 1 <input type="checkbox"/> | Grade 11 <input type="checkbox"/> | 2 year college/vocational education <input type="checkbox"/> |
| Grade 2 <input type="checkbox"/> | Grade 12 <input type="checkbox"/> | 3 year college/vocational education <input type="checkbox"/> |
| Grade 3 <input type="checkbox"/> | Modified high school <input type="checkbox"/> | 1 year university <input type="checkbox"/> |
| Grade 4 <input type="checkbox"/> | GED <input type="checkbox"/> | 2 year university <input type="checkbox"/> |
| Grade 5 <input type="checkbox"/> | Journey person certification <input type="checkbox"/> | 3 year university <input type="checkbox"/> |
| Grade 6 <input type="checkbox"/> | 1 year apprenticeship <input type="checkbox"/> | College/vocational diploma <input type="checkbox"/> |
| Grade 7 <input type="checkbox"/> | 2 year apprenticeship <input type="checkbox"/> | Bachelor's degree <input type="checkbox"/> |
| Grade 8 <input type="checkbox"/> | 3 year apprenticeship <input type="checkbox"/> | Master's degree <input type="checkbox"/> |
| Grade 9 <input type="checkbox"/> | 4 year apprenticeship <input type="checkbox"/> | Doctorate <input type="checkbox"/> |

Privacy Notice:

Your personal information is being collected pursuant to the Urban/Hometown Green Team Program (the "Program"), by the Government of Manitoba's Department of Municipal and Northern Relations (the "Department"). Your personal information will be used and disclosed to determine employment eligibility through the Program, and for reporting, monitoring, evaluation, and accountability purposes.

This collection is authorized under clause 36(1)(b) of *The Freedom of Information and Protection of Privacy Act*, CCSM c F175 ("FIPPA"). Your personal information is protected by the privacy provisions of FIPPA, and will not be used or disclosed for any other purposes, except as authorized by law. If you have any questions about the collection, use or disclosure of your personal information, please contact the Department at greenteam@gov.mb.ca or at (204) 945-3379.

Employee Consent:

By signing below, you consent to the indirect collection, use and disclosure of your personal information by the Department for the purposes outlined above. This includes, but is not limited to, the information you have included on this form, your employment details and wages through the Program, and your future employment plans.

The Department may indirectly collect your personal information from your employer, and may disclose your personal information to other Departments of the Government of Manitoba, and/or the Government of Canada.

Your consent expires after one year. You may withdraw your consent at any time by contacting greenteam@gov.mb.ca, however doing so may impact your eligibility for employment through the Program.

You certify that the statements you have made on this form are true and complete to the best of your knowledge and that you have not withheld any relevant information. You must inform your employer about any subsequent changes to your information in a timely manner.

Name of Employee (please print)

Signature of Employee

Date