



Saskatchewan
Community Resources &
Employment

EMPLOYMENT PROGRAMS APPLICATION FORM

Date Received:	Regional Office:	File Number:
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Bridging Program - Work Placement Community Works Program

EMPLOYER NAME (Full Legal or Incorporated Name)	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> SASKATCHEWAN JUSTICE CORPORATIONS BRANCH REGISTRATION NUMBER										

MAILING ADDRESS	CITY/TOWN	PROVINCE
POSTAL CODE		

CONTACT PERSON	TELEPHONE	FAX NUMBER
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EMPLOYER TYPE: (Please Check One)

business municipal government regional park farm
 non-profit organization other

A. TYPE OF BUSINESS OR SERVICE PROVIDED BY ORGANIZATION:

B. EMPLOYMENT PLACEMENT WORK ACTIVITIES (Describe what the employee(s) will be doing in the job):

C. NUMBER OF POSITIONS: _____ D. PROJECT START DATE: _____ / _____ / _____
 Day/ Month / Year

E. SKILLS AND EXPERIENCE REQUIRED (Describe the skills and experience needed by the employee(s) for the employment placement):

F. DESCRIBE THE SKILLS DEVELOPMENT THAT WILL BE PROVIDED TO THE EMPLOYEE(S) DURING THE EMPLOYMENT PLACEMENT:

G. GENERAL INFORMATION:

- 1) Will program funding assistance reduce the hours, displace, or cause the lay-off of any existing staff? Yes No
- 2) Have you applied for other government funding for this position(s)? Yes No
If yes, please provide details. _____
- 3) Will the new employee(s) be retained after the completion of the employment placement? Yes No
If no, what support or job search assistance will be provided to the employee(s)?

H. UNIONIZED WORK PLACES:

Is the work place covered by a Union Collective Agreement? Yes No
 Name of Union/Employee Association: _____
**Written consent from the Collective Bargaining Agent will be required.*

I. FUNDING REQUEST:

	Position Title	Number of Employees	Wage Subsidy Requested		Support Costs Required	
			Yes	No	Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Number of Employees:		_____				

*Attach additional detail if required.

Please Note: Number of positions, wage subsidy amount and support costs will be assessed based on individual employee and employer need.

J. IF SUPPORT COSTS ARE REQUIRED, PLEASE PROVIDE DETAILS:

K. EMPLOYER DECLARATION:

I hereby declare that:

- (1) The information provided in this application is complete, true, and accurate.
- (2) I have legal authority to apply on behalf of the above named business or organization.
- (3) I confirm that the employee(s) hired under this program will be covered by Workers' Compensation; or as an employer exempt from Workers' Compensation Legislation I confirm that the employee(s) hired under this program will be covered by a Private Liability Insurance Package.
- (4) I will ensure that the project is undertaken in accordance with all applicable federal and provincial labour and human rights legislation and standards. Canada Pension Plan, Employment Insurance Commission, Income Tax, and Workers' Compensation deductions and premiums shall be made in accordance with applicable legislation.
- (5) I confirm that the employee(s) hired under this program will not reduce the hours, displace any full-time, part-time or seasonal employee(s).
- (6) I authorize Saskatchewan Community Resources & Employment to verify my application with other government programs.

Name (please print)

Title

Signature

Date