



# Akwesasne Career & Employment Support Services

PO Box 965 Cornwall Ontario K6H 5V1  
613-575-2626 Fax: 613-575-2863.  
www.acesjobs.ca

This Form **MUST** be completed in **FULL** by the sponsor employer to be considered.

## JOB OPPORTUNITY PROGRAM APPLICATION FORM

|                       |             |  |
|-----------------------|-------------|--|
| File #:<br><b>JO-</b> | Access only | REVENUE CANADA BUSINESS #/PAYROLL # (mandatory):<br>(if none – a third party sponsorship letter <b>MUST</b> be attached) |
|-----------------------|-------------|--|

|                 |   |
|-----------------|---|
| Employer:       |   |
| Street Address: | City:   |
| Province:       | Postal Code:  |
| Phone Number:   | Alt. Phone Number:  |
| Fax Number:     | Contact Person:   |
| Email Address:  | Type of Organization: <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit |

IS ORGANIZATION GOVERNED BY A BOARD? If Yes, a Resolution authorizing this application must be attached.  
 YES  NO

STATE THE MAIN PRODUCTS OR SERVICES OF YOUR COMPANY AND HOW LONG YOU HAVE BEEN OPERATING:  
(Must be fully operational for 6 months or more to be eligible for this program)

PLEASE STATE THE OBJECTIVES/EXPECTED RESULTS FOR THE PARTICIPANT OF THIS PROJECT: (attach separate page if necessary)

|                                   |                       |
|-----------------------------------|-----------------------|
| DURATION OF PROJECT:<br>FROM: TO: | LOCATION OF ACTIVITY: |
|-----------------------------------|-----------------------|

WILL THIS PERSON BE HIRED AT THE END OF THE PROJECT?  YES  NO

HAVE YOU ATTACHED A TRAINING PLAN FOR THIS PERSON?  YES  NO

|                     |  |   |
|---------------------|--|---|
| Insurance Coverage: | WSIB/CNESST FOR EMPLOYEES <input type="checkbox"/> YES <input type="checkbox"/> NO | COMPREHENSIVE GENERAL LIABILITY FOR BUSINESSES <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---------------------|--|---|

HAVE YOU SUBMITTED AN APPLICATION ELSEWHERE?  YES  NO  
IF SO, INDICATE WHERE AND WHO THE CONTACT PERSON IS:

### A.C.E.S.S. OFFICE USE ONLY:

|           |                  |           |              |                |
|-----------|------------------|-----------|--------------|----------------|
| ORG TYPE: | PROJECT OFFICER: | NOC CODE: | S.I.C. CODE: | ACTIVITY CODE: |
|-----------|------------------|-----------|--------------|----------------|

**FINANCIAL SUMMARY  
WAGE COSTS**

| OCCUPATION<br>(1 per line)<br>Col. 1 | No. of Weeks<br>Col. 2 | Hours/Week<br>Col. 3 | Total Hours<br>Col. 4<br>(2x3) | ACCESS Wage<br>rate/hr.<br>\$16.25<br>Col. 5 | Employer<br>Top up/hr. | Total rate/hr. |
|--------------------------------------|------------------------|----------------------|--------------------------------|--|------------------------|----------------|
|                                      |                        |                      |                                |  |                        |                |
|                                      |                        |                      |                                |  |                        |                |
|                                      |                        |                      |                                |  |                        |                |
| <b>TOTALS:</b>                       |                        |                      |                                | 1)   |                        |                |

**EMPLOYER'S RESPONSIBILITY**

|   |    |
|---|----|
| <b>MANDATORY EMPLOYER RELATED COSTS:</b> _____ % X <b>TOTAL WAGES =</b> | 2) |
| (EI/4% Vacation Pay/CNESST or WSIB/ CPP)                                |    |

**TRAINING COSTS (details must be provided on the attached Training Plan Form)**

|   |                   |
|---|-------------------|
|   |                   |
|   |                   |
|   |                   |
| Max: = \$20/hour x total number of training hours for off-site purchased training only. | <b>TOTAL =</b> 3) |

**SPECIAL COSTS/LEASING/PURCHASE OF EQUIPMENT (\$250+ / MAY be provided, MUST be specific to training)**

|  |                   |
|--|-------------------|
|  |                   |
|  |                   |
|  |                   |
| Max: = \$5,000 (3 quotes MUST be provided for Special Costs) | <b>TOTAL =</b> 4) |

**SPECIAL COSTS FOR THE DISABLED**

|  |                   |
|--|-------------------|
|  |                   |
|  |                   |
|  |                   |
| Max: = \$10,000 per participant (3 quotes MUST be provided for Special Costs for the Disabled) | <b>TOTAL =</b> 5) |

|   |    |
|---|----|
| <b>TOTAL ACCESS PROJECT COST (1 + 3 + 4 + 5):</b> | 6) |
|---|----|

**FUNDS FROM OTHER SOURCES AND/OR EMPLOYER'S CONTRIBUTION**

|  |                   |
|--|-------------------|
|  |                   |
|  |                   |
|  | <b>TOTAL =</b> 7) |

|                              |    |
|------------------------------|----|
| <b>PROJECT GRAND TOTAL =</b> | 8) |
|------------------------------|----|

**I/WE CERTIFY THAT EACH POSITION REQUESTED IS IN ADDITION TO EMPLOYMENT PLANNED FOR THE PERIOD.**

|                     |                |                    |               |
|---------------------|----------------|--------------------|---------------|
| _____<br>PRINT NAME | _____<br>TITLE | _____<br>SIGNATURE | _____<br>DATE |
| _____<br>PRINT NAME | _____<br>TITLE | _____<br>SIGNATURE | _____<br>DATE |





# AKWESASNE CAREER & EMPLOYMENT SUPPORT SERVICES

PO Box 965, Cornwall Ontario K6H 5V1 (613) 575-2626



A.C.E.S.S. USE

FILE #

## TRAINING PLAN FORM

| TRAINING<br>(Outline Attached)   |   | Provider | Dates/Total Hours | Cost |
|--|---|----------|-------------------|------|
|  | <input type="checkbox"/> On Site<br><input type="checkbox"/> Off Site |          |                   |      |
|  | <input type="checkbox"/> On Site<br><input type="checkbox"/> Off Site |          |                   |      |
|  | <input type="checkbox"/> On Site<br><input type="checkbox"/> Off Site |          |                   |      |
|  | <input type="checkbox"/> On Site<br><input type="checkbox"/> Off Site |          |                   |      |
|  | <input type="checkbox"/> On Site<br><input type="checkbox"/> Off Site |          |                   |      |
|  | <input type="checkbox"/> On Site<br><input type="checkbox"/> Off Site |          |                   |      |
| <b>How will training / work performance be evaluated:</b>  |   |          |                   |      |
| <b>Qualifications of Trainers</b> (Resumes of Trainers should be attached if not provided by a recognized training institute): |   |          |                   |      |