



# 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 #: <b>JO-</b>	Access only	REVENUE CANADA BUSINESS #/PAYROLL # (mandatory): (if none – a third party sponsorship letter <b>MUST</b> be attached)
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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: FROM: TO:	LOCATION OF ACTIVITY:
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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
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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:
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**FINANCIAL SUMMARY  
WAGE COSTS**

OCCUPATION (1 per line) Col. 1	No. of Weeks Col. 2	Hours/Week Col. 3	Total Hours Col. 4 (2x3)	ACCESS Wage rate/hr. \$16.70 Col. 5	Employer 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)
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**FUNDS FROM OTHER SOURCES AND/OR EMPLOYER'S CONTRIBUTION**

	<b>TOTAL =</b> 7)

<b>PROJECT GRAND TOTAL =</b>	8)
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**I/WE CERTIFY THAT EACH POSITION REQUESTED IS IN ADDITION TO EMPLOYMENT PLANNED FOR THE PERIOD.**

_____ PRINT NAME	_____ TITLE	_____ SIGNATURE	_____ DATE
_____ PRINT NAME	_____ TITLE	_____ SIGNATURE	_____ DATE





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A.C.E.S.S. USE

FILE #

## TRAINING PLAN FORM

TRAINING (Outline Attached)		Provider	Dates/Total Hours	Cost
	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site			
	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site			
	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site			
	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site			
	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site			
	<input type="checkbox"/> On Site <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):				