



Akwesasne Career & Employment Support Services

P.O. BOX 965
Cornwall, Ontario K6H 5V1
Tel: 613-575-2626 | Fax: 613-575-2863
www.acesjobs.ca

Last updated December 19, 2024

Dear Employer:

The Akwesasne Career & Employment Support Services (ACCESS) is pleased to announce the launch of the Best Matches Program. We need employers like you who are able to provide post-secondary and secondary students with quality work experience.

ACCESS strives to strengthen partnerships with employers. In order to ensure a successful program, the following criteria must be met when applying for student employment funded positions.

Job Descriptions need to be created:	www.monster.com search (sample job descriptions) www.hrcouncil.ca (job description templates)
Student interviews must be completed:	www.jobsearch.about.com

For those employers who are approved for financial assistance through Best Matches program, please be advised that all students participating in this program must be registered with the Akwesasne Career & Employment Support Services Youth Coordinator.

The BEST MATCHES rates for this year's program are as follows:

Post-Secondary	\$16.70
Secondary	\$16.55

The Youth Coordinator will be sorting through hundreds of applications to match resumes and cover letters with limited positions available. Each student applicant selected will need to be prepared to meet with the employer and conduct an interview.

The goal/objective of this partnership is to create a workforce who learns to:

- Develop Strong Ethics: Honesty, Time Management, Reliability
- Develop Teamwork Skills
- Experience Coachable Moments
- Advance the Participants' Skills to add to their resume
- Match Career and Education Aspirations
- Positive Reinforcement
- Able to handle Constructive Criticism

Enclosed you will find your application package for the Best Matches Program. If you require further information or clarification, please choose one of the following options:

1. Visit our ACCESS office located at: 25 Third Street, Akwesasne, QC H0M1A0, in St. Regis
2. Call our office at (613) 575-2626
3. Send your questions by email to info@acesjobs.ca
4. Visit our website (www.acesjobs.ca)

Sincerely,

Russell Roundpoint, Executive Director
Akwesasne Career & Employment Support Services

Enc. Employer Application Package



Akwesasne Career & Employment Support Services

P.O. BOX 965

Cornwall, Ontario K6H 5V1

Tel: 613-575-2626 | Fax: 613-575-2863

www.acesjobs.ca

Program Guide & Application Agreement Instructions

Program Guidelines

Eligible Employers and Funding Levels

- An eligible organization/business is defined as one which has been in existence for six (6) months as demonstrated by: Registration with Revenue Canada; and Banking and Operations (payroll, administration, and production, sales)
- A] To be eligible to apply for ACCESS projects employers must also provide proof of insurance coverage (WSIB/CSST, Comprehensive General Liability, Business/Facility Insurance) for participating clients for the duration of the funded activity at a level appropriate to the activities to be undertaken. Where necessary ACCESS contacts may include, or be amended to include, financial assistance for employers to secure such coverage. An organization or business which cannot meet these guidelines as determined by the Akwesasne Career & Employment Support Services may be directed to other Akwesasne Career & Employment Support Services programs. Individuals not representing an eligible organization/business are not eligible to apply as employers.
- B] Third Party Applications
- A Third Party is any group, individual or employer that applies to the Akwesasne Career & Employment Support Services through any other eligible employer. Funding eligibility will be determined on the proposed project activities and the eligible employer submitting the application.

Third Party Funding Level

- i. Not-for-profit organizations applying to implement projects/activities on behalf of not-for-profit organizations are eligible for funding levels established for not-for-profit organizations/activities.
- ii. Not-for-profit organizations applying to implement projects/activities on behalf of for-profit organizations are eligible for funding levels established for for-profit organizations/business and activities.
- iii. For-profit organizations/business applying to implement projects/activities on behalf of for-profit organizations are eligible for funding levels established for for-profit organizations/businesses and activities.
- iv. For-profit organizations/businesses applying to implement projects/activities on behalf of not-for-profit organizations are eligible for funding levels established for not-for-profit organizations and activities.



Akwesasne Career & Employment Support Services

P.O. BOX 965

Cornwall, Ontario K6H 5V1

Tel: 613-575-2626 | Fax: 613-575-2863

www.acesjobs.ca

Employment Opportunities Eligible for Consideration Jobs that:

- ❖ Provide a minimum of 20 hours (secondary students) to a maximum of 40 hours (post-secondary) per week per employee. Work period will last 8-12 consecutive weeks. Applications specifically designed to meet employment opportunities for disabled students are also eligible;
- ❖ Supply adequate training and are appropriately supervised;
- ❖ Be in addition to the jobs in place and the jobs which ordinarily be provided for students or other employees by the employer without contribution;
- ❖ Do not displace or replace existing employees, volunteers, employees on lay-offs, employees absent due to labor management dispute or employee vacation;
- ❖ Are not to be funded from any government sources other than the Best Matches component and/or employer;
- ❖ Ensure that the student will be paid at the minimum wage stipulated herein.
- ❖ Do not provide personal services to an employer.

PLEASE NOTE THAT THE BEST MATCHES PROGRAM HAS EXPANDED TO YEAR-ROUND. YOU ARE ENCOURAGED TO SUBMIT YOUR COMPLETED APPLICATION WELL BEFORE YOU NEED A STUDENT TO ENSURE PROPER COMPLETION AND APPROVAL.

Application packages must include the following documents in order to be considered complete.

APPLICATION:

- ❖ Completed and signed by the proper signatories / representatives of business / organization.

JOB DESCRIPTION(S):

- ❖ For each Job Title proposed. Note: If you are interested in multiple positions with the same type of duties, only 1 job description is required.

RESOLUTION:

- ❖ By Governing Board clearly providing the organization / individual with the authority to make the application to the Akwesasne Career & Employment Support Services or endorsing the application / project being proposed.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT RUSSELL ROUNDPOINT, EXECUTIVE DIRECTOR, AT THE AKWESASNE CAREER & EMPLOYMENT SUPPORT SERVICES OFFICE (613) 575-2626 EXT # 210.



Akwesasne Career & Employment Support Services

P.O. BOX 965

Cornwall, Ontario K6H 5V1

Tel: 613-575-2626 | Fax: 613-575-2863

www.acesjobs.ca

- 1) In this agreement "ACCESS" means the Akwesasne Career & Employment Support Services.

"EMPLOYEE" means the employees hired by the EMPLOYER for the jobs, unless the context indicates otherwise;

"JOBS" means the jobs referred to on the reverse of this document;

"MANDATORY EMPLOYERS COSTS" means unemployment insurance premiums, Canada Pension Plan contributions, Worker's Compensation assessment, Vacation Pay and Health and Insurance Premiums which the EMPLOYER is required to pay in respect of the Employees;

"OVERHEAD COSTS" means such costs, other than the cost of wages and mandatory employers costs, incurred by the EMPLOYER as related to the provision of the Jobs.
- 2) The EMPLOYER represents and warrants that
 - a) The employer does not displace or replace existing employees or volunteers, employees on layoff, employees absent due to labour management dispute or employees on vacation;
 - b) The jobs will provide a minimum of 30 hours of work per week but will not normally exceed 40 hrs of work per week and will last between 6 and 18 consecutive weeks, except that where the employee is disabled, part-time employment is permissible;
 - c) The jobs are not jobs for which another contribution will be received or claimed from any other government source, except where there is a federal/provincial agreement in place designed to harmonize federal and provincial job creation programs;
 - d) The jobs would not be created without the financial assistance provided under this agreement; and
 - e) The jobs will not be carried out in accordance with all applicable federal and provincial taxes.
- 3) The EMPLOYER shall
 - a) Provide the employees with necessary supervision, learning and work experience;
 - b) Keep proper accounts and record including invoices, receipts, vouchers, bank statements, and cheques of all financial transactions relating to this agreement;
 - c) Allow representatives of ACCESS to enter the EMPLOYERS premises at all reasonable times for purposes of inspection and audit of the books and records referred to in paragraph b);
 - d) Submit all such reports concerning the progress of the employees and particulars of the employees as may be requested by ACCESS.
- 4) Unless otherwise approved by ACCESS, the employees shall be employed during the period shown on the reverse side of this document, it being understood that ACCESS shall have no obligation to pay any contribution to the EMPLOYER in respect of costs incurred by the EMPLOYER outside such period.
- 5) The amount of ACCESS' contribution in respect of mandatory employer costs incurred in respect of each employee shall not exceed the amount that would be payable if the employee's wages were paid at the provincial or territorial adult minimum wage rate. It is also understood that ACCESS' contribution to the EMPLOYER in respect of wages or mandatory employer costs is based upon costs actually incurred by the EMPLOYER. In addition, in the event that the hourly wage rate actually paid by the EMPLOYER is less than the hourly wage rate shown on the reverse side of this document, ACCESS may, in its discretion, reduce the amount of its contribution in respect of those costs by a proportionate amount, as determined by ACCESS.
- 6) It is further understood by the EMPLOYER that the amount of ACCESS' contribution for the overhead cost in respect of each job is calculated on the basis of the number of weeks actually worked by the employee and that in the event that the number of weeks actually worked by an employee is less than the number of weeks shown on the reverse side of this document, the amount of ACCESS' contribution in respect of the overhead costs for that job shall be subject to a proportionate reduction, as determined by ACCESS.
- 7) (1) Subject to subsection (2) ACCESS' contribution shall be payable upon receipt of a claim made by the EMPLOYER in a form prescribed by ACCESS, such claim to be submitted by the EMPLOYER within 30 days following the termination of the employment covered by the agreement. (2) Where the EMPLOYER is a non-profit organization, payment of ACCESS' contribution may be made as follows:
 - i) An initial advance payment not exceeding 90% of the estimated total contribution payable under the agreement;
 - ii) Upon receipt of an accounting of the contribution covering the first month of operation and forecast of expenditures for the remained of duration of activity, a further advance in such amount as may be approved by ACCESS; and
 - iii) Upon receipt of a claim, made in a form prescribed by ACCESS and submitted within 30 days from the termination of employment covered by the agreement, the balance, if any, of the contribution owing to the EMPLOYER.
- 8) (1) Unless otherwise agreed to in writing by ACCESS, no contribution shall be paid by ACCESS, in respect of the wages, mandatory employers' costs and overhead costs of an employee who
 - a) Was not referred to the EMPLOYER by ACCESS Centre before being hired by the EMPLOYER, or
 - b) Is a member of the immediate family of
 - i) The EMPLOYER, where the EMPLOYER is an individual,
 - ii) A senior officer or director of the corporation or association, where the EMPLOYER is a corporation or an unincorporated association, or
 - iii) An elected or senior official of a municipality, where the EMPLOYER is a municipality.

(2) For the purpose of paragraph (1b), the immediate family of a person referred therein includes the person's Father, Mother, Step-Father, Step-Mother, Foster Parent, Brother, Sister, Spouse (including common law spouse), child (including child of common law spouse), Step-Child, Ward, Father-in-law, Mother-in-law, and any relative permanently residing in the persons household or with whom the person permanently resides.
- 9) (1) This agreement may be terminated by either party on 15 days written notice. Notwithstanding the foregoing, ACCESS may terminate the agreement immediately by notice in writing.
 - a) If the EMPLOYER is in breach of any of its obligations under the agreement,
 - b) If any representation or warranty made by the EMPLOYER is materially false or misleading, or
 - c) If any change occurs in the tasks and responsibilities of the employees, as described on Form 3946 submitted by the EMPLOYER with the Employer's application, without ACCESS' prior approval.

(2) Upon termination of the agreement, ACCESS shall cease to have any obligation to make any further contribution to the EMPLOYER in respect of the costs incurred by the EMPLOYER after the date of termination, and the amount of any unexpected advance shall be repaid forthwith to ACCESS upon receipt of notice thereof and such amount shall be recognized as being a debt due to ACCESS.
- 10) In the event payments made to the EMPLOYER exceed the amount to which the EMPLOYER is properly entitled pursuant to the agreement, the amount such excess shall be payable forthwith to ACCESS upon receipt of notice thereof and such amount shall be recognized as being a debt due to ACCESS.
- 11) Nothing in this agreement shall be deemed to authorize the EMPLOYER to contract for or incur any obligation on behalf of ACCESS.
- 12) Any payment due date hereunder is subject to there being an appropriation by Parliament for the fiscal year in which the payment is to be made.
- 13) This agreement may not be assigned in whole or in part without the written consent of ACCESS and any assignment made without the consent shall be void and of no effect.
- 14) No amendment to this agreement shall be valid unless made in writing between both parties.
- 15) No member of the House of Commons shall be admitted to any share or part of this agreement or to any benefit arising therefrom.
- 16) Where funding that has been provided by ACCESS has been used by the EMPLOYER to purchase assets that have been physically incorporated into the final product of the activity, ACCESS, in its absolute discretion, may be direct that the assets so purchased may be:
 - a) Sold at a fair market value and the proceeds applied to total agreements costs, or
 - b) Turned over to the registered charitable organizations or
 - c) Retained by the EMPLOYER where the EMPLOYER satisfies ACCESS that the activity will continue in the future and that the assets in question are required for the viability of the activity, or
 - d) Turned over to ACCESS for future project activity.



Akwesasne Career & Employment Support Services

P.O. BOX 965
 Cornwall, Ontario K6H 5V1
 Tel: 613-575-2626 | Fax: 613-575-2863
 www.acesjobs.ca

**BEST MATCHES PROGRAM
 APPLICATION / AGREEMENT FORM**

ACCESS USE ONLY

FILE NO.	BUDGET OPTION: YOUTH / REGULAR	FORM TYPE: ORIGINAL / AMEND	AMEND NO.
-----------------	---	--	------------------

PART A

First Name:	Middle Name:	Last Name:	
Mailing Address:			
Province:	Postal Code:	Phone #:	# of Employees:
Contact Person:	Phone #:	ext.	R.C.T. # :
Location of Activity:			
Employer Type: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public <input type="checkbox"/> Private		Type of Student you will be Hiring: <input type="checkbox"/> Secondary <input type="checkbox"/> Post-Secondary	
Have you submitted an application elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate Contact Name/Number:	

Part B: CALCULATION OF EMPLOYER'S TOTAL COST INCLUDING CONTRIBUTION REQUESTED

[A] JOB TITLE (IN ORDER OF PRIORITY)	[B] # JOBS	[C] START DATE	[D] # OF WEEKS	[E] HOURS PER WEEK	[F] TOTAL HOURS [D x E]	[G] RATE PER HOUR	[H] TOTAL WAGES [F x G]	[I] M.E.R.C [U.I.C/VAC W.C.B.]	[J] OVERHEAD COSTS	[K] TOTAL [H + I + J]
TOTALS:										

PART C: AKWESASNE CAREER & EMPLOYMENT SUPPORT SERVICES APPROVAL

[M] JOB TITLE	[N] # JOBS	[O] START DATE	[P] # OF WEEKS	[Q] HOURS PER WEEK	[R] TOTAL HOURS	[S] RATE PER HOUR	[T] TOTAL WAGES	[U] M.E.R.C	[J] OVERHEAD COSTS	[K] TOTAL
TOTALS:										

"SUBJECT TO THE ATTACHED TERMS AND CONDITIONS, ACCESS AND THE EMPLOYER AGREE THAT, UPON APPROVAL OF THE EMPLOYER'S APPLICATION, THE EMPLOYER WILL PROVIDE THE JOBS AT THE HOURLY RATES, FOR THE NUMBER OF HOURS PER WEKE AND FOR THE NUMBER OF WEEKS AS DESCRIBED ABOVE IN PART C, AND ACCESS AGREES TO PAY TO THE EMPLOYER IN RESPECT OF THE WAGES. MANDATORY EMPLOYER RELATED COSTS AND OVERHEAD COSTS RELATED TO SUCH JOBS. A CONTRIBUTION NOT EXCEEDING THE AMOUNTS SHOWN IN PART C IN THE TOTALS BOXES T,U,V,W."

MAXIMUM PROGRAM CONTRIBUTION: \$ **DURATION OF ACTIVITY:** (MM/DD/YYYY) - (MM/DD/YYYY)

THE EMPLOYER CERTIFIES THAT THE PROPOSED JOBS WOULD NOT BE CREATED WITHOUT THE CONTRIBUTION REQUESTED

EMPLOYER:	_____	_____	_____
	POSITION	SIGNATURE	DATE
ACCESS:	_____	_____	_____
	POSITION	SIGNATURE	DATE

OFFICIAL USE ONLY

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



Akwesasne Career & Employment Support Services

P.O. BOX 965
Cornwall, Ontario K6H 5V1
Tel: 613-575-2626 | Fax: 613-575-2863
www.acesjobs.ca

**BEST MATCHES PROGRAM JOB TITLES:
TASKS & RESPONSIBILITIES**

ACCESS USE ONLY

FILE NO.	BUDGET OPTION: YOUTH / REGULAR	FORM TYPE: ORIGINAL / AMEND	AMEND NO.
<p>TO FACILITATE THE PROCESSING OF YOUR APPLICATION, PLEASE PROVIDE, IN ORDER OR PRIORITY, THE TASKS AND RESPONSIBILITIES RELATED TO EACH JOB TITLE REFERENCE ON THE APPLICATION AGREEMENT FORM. IN ADDITION, PLEASE IDENTIFY THE LEVEL OF EDUCATION THAT IS SUITABLE FOR THE JOB.</p>			

JOB TITLE 1: TASKS & RESPONSIBILITIES

EDUCATION LEVEL:

<input type="checkbox"/> SECONDARY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> OTHER _____ <small>(PLEASE SPECIFY)</small>

JOB TITLE 2: TASKS & RESPONSIBILITIES

EDUCATION LEVEL:

<input type="checkbox"/> SECONDARY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> OTHER _____ <small>(PLEASE SPECIFY)</small>

JOB TITLE 3: TASKS & RESPONSIBILITIES

EDUCATION LEVEL:

<input type="checkbox"/> SECONDARY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> OTHER _____ <small>(PLEASE SPECIFY)</small>

OFFICIAL USE ONLY

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



Akwesasne Career & Employment Support Services

P.O. BOX 965
 Cornwall, Ontario K6H 5V1
 Tel: 613-575-2626 | Fax: 613-575-2863
www.acesjobs.ca

BEST MATCHES PROGRAM EMPLOYER / EMPLOYEE DECLARATIONS

ACCESS USE ONLY

FILE NO.	BUDGET OPTION: YOUTH / REGULAR	FORM TYPE: ORIGINAL / AMEND	AMEND NO.
----------	-----------------------------------	--------------------------------	-----------

* THIS FORM MUST BE COMPLETED ON THE FIRST DAY OF WORK FOR AND BY EACH EMPLOYEE. ANY CLAIM(S) FOR COSTS INCURRED WILL NOT BE PROCESSED UNTIL THIS FORM HAS BEEN ACCURATELY COMPLETED AND RECEIVED BY THE AKWESASNE CAREER & EMPLOYMENT SUPPORT SERVICES.

EMPLOYER DECLARATION:

EMPLOYER NAME:			
MAILING ADDRESS:			
CITY:	POSTAL CODE:	PHONE #:	CONTACT PERSON:

JOB INFORMATION:

START DATE:	END DATE:	POSITION TITLE:	HOURS PER WEEK:	HOURLY/WEEKLY RATE: \$
--------------------	------------------	------------------------	------------------------	----------------------------------

I / WE HEREBY DECLARE THAT NO PREFERENCE WAS GIVEN TO THE SELECTION OF THE EMPLOYEE WHO IS A MEMBER OF THE IMMEDIATE FAMILY OR AN EMPLOYER OR OF A DIRECTOR OR SENIOR MEMBER OF THE EMPLOYER.

SIGNATURE OF EMPLOYER:	DATE:
-------------------------------	--------------

EMPLOYEE DECLARATION:

EMPLOYEE FULL NAME:	PHONE NUMBER:	SOCIAL INSURANCE NUMBER (SIN CARD #):
NAME OF EDUCATIONAL INSTITUTION:	LAST GRADE COMPLETED:	FIELD OF STUDY:
LEVEL OF EDUCATION:	SECONDARY:	POST-SECONDARY:

THE INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE UNEMPLOYMENT INSURANCE ACT AND WILL BE USED FOR STATISTICAL AND RESEARCH PURPOSES. THIS INFORMATION WILL BE RETAINED IN THE PERSONAL INFORMATION BANK AT THE AKWESASNE CAREER & EMPLOYMENT SUPPORT SERVICES. UNDER PROVISIONS OF THE PRIVACY ACT AND THE ACCESS TO INFORMATION ACT, INDIVIDUALS HAVE THE RIGHT TO PROTECTION OF AND ACCESS TO THEIR PERSONAL INFORMATION.

I HEREBY DECLARE THAT I AM LEGALLY ENTITLED TO WORK IN CANADA, THAT I WAS A FULL-TIME STUDENT DURING THE PRECEDING ACADEMIC YEAR, AND THAT I INTEND TO RETURN TO SCHOOL FULL-TIME IN THE UPCOMING ACADEMIC YEAR. I DO NOT HAVE ANY OTHER FULL-TIME JOBS (i.e. 25 HOURS OR MORE PER WEEK) FOR THE DURATION SPECIFIED ABOVE.

SIGNATURE OF EMPLOYEE:	DATE:
-------------------------------	--------------

FOR STATISTICAL PURPOSES ONLY. (IF YOU PREFER NOT TO PROVIDE INFORMATION REQUESTED BELOW, YOUR ELIGIBILITY TO PARTICIPATE IN THE PROGRAM WILL NOT BE AFFECTED.)

DATE OF BIRTH:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF INPUT INTO ALPHA 4 / INITIALS:
-----------------------	--	---

OFFICIAL USE ONLY

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

CONTINUE TO NEXT PAGE



Akwesasne Career & Employment Support Services

P.O. BOX 965
 Cornwall, Ontario K6H 5V1
 Tel: 613-575-2626 | Fax: 613-575-2863
 www.acesjobs.ca

**BEST MATCHES PROGRAM ADVANCE
 PAYMENT CLAIM FORM**

FILE NO.	FROM:
PERIOD CLAIMED: (MM/YYYY) - (MM/YYYY)	TO:

Name of Employer:

Mailing Address:

Province: _____ **Postal Code:** _____ **Phone #:** _____ **Contact Person:** _____

COL 1 PARTICIPANT NAME	COL 2 HOURS PER PARTICIPANT	COL 3 ACCESS HOURLY RATE	COL 4 TOTAL CLAIMED		ACCUMULATED TO DATE ACCESS USE:
TOTAL WAGE COST:				5520	
MADATORY EMPLOYMENT RELATED COST:					
UNEMPLOYMENT INSURANCE PREMIUMS:					
CANADA / QUEBEC PENSION PLAN PREMIUMS:					
VACATION PAY:					
WORKERS COMPENSATION BOARD:					
TOTAL M.E.R.C. COST:				5223	
OVERHEAD COSTS (Please attach copy of receipts) :					
TOTAL OVERHEAD COSTS:				5524	
TOTAL:					

EMPLOYER CERTIFICATION

I CERTIFY THAT INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND CLAIMED IN ACCORDANCE WITH THE AGREEMENT.

 (AGREEMENT SIGNATORY) (PRINT NAME) (DATE)

ACCESS OFFICIAL USE:

TYPE	AMOUNT	CR	CHEQUE INFORMATION	DATA ENTERED

 (ACCESS SIGNATORY) (DATE)

