



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 #: JO-	REVENUE CANADA BUSINESS #/PAYROLL # (mandatory): (if none – a third party sponsorship letter MUST be attached)
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Employer:

Street Address:	City:
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Province:	Postal Code:
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Phone Number:	Alt. Phone Number:
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Fax Number:	Contact Person:
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Email Address:	Type of Organization: <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
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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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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			
How will training / work performance be evaluated:				
Qualifications of Trainers (Resumes of Trainers should be attached if not provided by a recognized training institute):				