



Akwesasne Career & Employment Support Services

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

THIS FORM MUST BE COMPLETED IN FULL TO BE CONSIDERED

JOB CREATION PARTNERSHIP PROGRAM APPLICATION FORM

File Number:
JC

REVENUE CANADA BUSINESS #/PAYROLL # (mandatory):
(if none – third party sponsorship letter must be attached)

Employer Name:

Street Address:

City:

Province:

Postal Code:

Phone Number:

Alt. Phone Number:

Fax Number:

Contact Person:

Email Address:

Type of Organization: Profit Non-Profit

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 in order to be eligible for this program)

PLEASE STATE THE OBJECTIVES, ACTIVITIES, AND EXPECTED RESULTS OF THE PROJECT: (attach a separate page if necessary)

DURATION OF ACTIVITY:

LOCATION OF ACTIVITY:

FROM:

TO:

Insurance Coverage:

WSIB/CSST FOR EMPLOYEES
 YES NO

COMPREHENSIVE GENERAL LIABILITY FOR BUSINESSES
 YES NO

HAVE YOU SUBMITTED AN APPLICATION ELSEWHERE? YES NO

IF YES, PLEASE INDICATE WHERE AND WHO THE CONTACT PERSON IS:

* ACCESS OFFICE USE ONLY *

ORG TYPE:

PROJECT OFFICER:

NOC:

SIC:

ACTIVITY CODE:

FINANCIAL SUMMARY

WAGE COSTS

OCCUPATIONS (1 per line) COL 1	# OF WEEKS COL 2	HOURS PER WEEK COL 3	TOTAL HOURS COL 4 (2X3)	ACCESS RATE PER HOUR COL 5 (14.875 hr.)	EMPLOYER TOP UP PER HOUR COL 6	TOTAL RATE PER HOUR COL 7
TOTALS:				1)	2)	3)

OVERHEAD COSTS

1.			
2.			
3.			
4.			
Max = \$125/week x total number of weeks			
TOTALS:		4)	5)
			6)

GROSS PROJECT COSTS (3+4)	TOTAL SPONSOR CONTRIBUTION (2+5)	TOTAL ACCESS CONTRIBUTION (1+6)
7)	8)	9)

SOURCE(S) OF SPONSOR CONTRIBUTION

TOTAL:	

I/WE CERTIFY THAT EACH JOB REQUESTED IS IN ADDITION TO EMPLOYMENT PLANNED FOR THE PERIOD BEING PROPOSED.

(PRINT NAME) (TITLE) (SIGNATURE) (DATE)

(PRINT NAME) (TITLE) (SIGNATURE) (DATE)



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JOB DESCRIPTION FORM

ACCESS USE ONLY

FILE NUMBER:

PLEASE COMPLETE THE FOLLOWING FORM FOR EACH OCCUPATION BEING REQUESTED:

1) POSITION/OCCUPATION TITLE:		2) DO YOU HAVE A PARTICIPANT IN MIND? <input type="checkbox"/> YES <input type="checkbox"/> NO				
3) HOURS OF WORK / DAYS OF THE WEEK:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4) WHAT IS THE PREVAILING WAGE RATE FOR THIS POSITION WITHIN YOUR ORGANIZATION?						
5) WHO IS THE IMMEDIATE SUPERVISOR FOR THIS PERSON? (NAME AND POSITION TITLE)						
6) DUTIES: (PLEASE LIST ALL DUTIES PARTICIPANT IS EXPECTED TO FULFILL)						
7) BASIC QUALIFICATIONS/SKILLS: (WHAT ARE THE MINIMUM ACCEPTABLE ACADEMIC AND/OR SKILL LEVEL REQUIRED FOR THIS POSITION)						
8) KNOWLEDGE & ABILITIES: (REQUIRED TO PERFORM DUTIES)						



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Job Creation Partnership - Advance Payment Claim Form

FILE NO.:	SOURCE DOC:
PERIOD CLAIMED: (MM/YYYY) – (MM/YYYY)	SOURCE DOC:
IS THIS YOUR FINAL CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF EMPLOYER:			
CANADIAN MAILING ADDRESS:			
PROVINCE:	POSTAL CODE:	CONTACT PERSON:	PHONE NUMBER:

OTHER COSTS THIS CLAIM	AMOUNT COL 1	LINE OBJECT	VARIANCE COL 2	ADJUSTED AMOUNT COL 3	CUMULATIVE PAID COL 4
		5224			
TOTAL >					

EMPLOYER CERTIFICATION

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

(AGREEMENT SIGNATORY)	(PLEASE PRINT NAME)	(DATE)
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ACCESS / OFFICIAL USE:

TYPE	AMOUNT	CR	CHEQUE INFORMATION	DATA ENTERED

CERTIFIED TO BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE AGREEMENT:

(ACCESS SIGNATORY)	(DATE)
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