

ALL FIELDS ARE MANDATORY

PLEASE PRINT CLEARLY

Employer Information							
Company:		Contact Person:					
Address:		Telephone #:					
		Eav. #.					
		E-mail:					
Location of Em	nployment:						
Type of Organ	ization:						
Is this full or part-time employment?		Full-time □		Part-time□			
Job/Position Ti	itle:						
Please indicate	the number of hours per week:						
Please indicate	the proposed hourly wage:						
Please indicate	the desired start date:						
Requested num	aber of weeks:						
Hours of Work	: (Monday-Friday/Weekends/Sh	nift Work/Time i.e.9-5,8-4):					
Are you receive	ing funds from other sources to	contribute to this employment?	Yes □	No□			
If "yes", please	e indicate what source(s):						



Brief history of the organization:	
Please provide a detailed job description:	
Additional information:	



Employer Declaration

Applications may also be used for public documents such as Minutes, Work Force Qalipu Reports, and Board Kits etc. The Qalipu Mi'kmaq First Nation Band agrees to share this information with Service Canada.

I understand that Work Force Qalipu will contact me through e-mail and I understand that it is my responsibility to notify Work Force Qalipu if any of the above contact information changes.

I understand that if approved, the Qalipu Mi'kmaq First Nation Band will be responsible for the financial management of the student. Any expenses over and above wages and MERC costs will be my responsibility. I also understand that I am responsible for the following:

- Recruiting and selecting a student that meets all of the eligibility criteria and ensuring the student accurately completes the student application and all necessary documentation is submitted to Work Force Qalipu;
- Ensuring student completes a Qalipu Employee Information Form and Banking Information Form before employment begins;
- Providing adequate supervision to the student and ensuring a safe work environment;
- Providing any tools or materials;
- Providing any necessary training;
- Providing weekly time sheets (due each Monday at noon);
- Providing weekly reports consisting of but not limited to: the student's day-to-day activities and an overview of the student's performance; and,
- Ensuring the summer student completes a survey during the last week of their employment.

I understand that, if approved, the submitted application will form part of the Agreement between the Applicant and Work Force Qalipu.

I understand that, if approved, if a student declines a placement or terminates early, I must notify Work Force Qalipu immediately. I understand that I may NOT fill the position with another student unless granted approval by Work Force Qalipu.

Signature of Employer			
2.8			



YOUR APPLICATION <u>WILL NOT</u> BE CONSIDERED COMPLETE IF THE FOLLOWING DOCUMENTATION IS NOT ATTACHED:

- Completed Employer Application form; and,
- A letter from the organization addressed to the YSEP Selection Committee detailing why a Summer Student would be beneficial to your organization and the community.

SUBMIT APPLICATIONS TO:

Work Force Qalipu
Attention: Vickie MacDonald
3 Church Street
Corner Brook, NL A2H 2Z4

E-mail: vmacdonald@qalipu.ca

Telephone: 1-709-634-6893

DEADLINE: Friday April 7th, 2017 AT 12:00 P.M.

FAXED APPLICATIONS CANNOT BE ACCEPTED

Date of Application (Month/Day/Year