

#### **ALL FIELDS ARE MANDATORY**

#### PLEASE PRINT CLEARLY

<b>Employer</b> 1	Information					
Company:		Contact Person:	Contact Person:			
Address:						
		Fax #:				
		E-mail:				
Location of Em	ployment:					
Type of Organiz	zation:	Aboriş	ginal Organiz	ation □		
		Local Business Owned by Abort	iginal Individ	ual(s)□		
		Not-For P	rofit Organiz	ation 🗆		
		Oti	her Local Bus	siness□		
Job/Position Tit	le:					
Please indicate	the number of hours per v	week (maximum of 35):				
Please indicate	the desired start date:					
If requesting mo	ore than the maximum of	7 weeks, please explain why it is neces	ssary:			
Hours of Work:	(Monday-Friday/Weeke	nds/Shift Work/Time i.e.9-5,8-4):				
Are you receiving	ng funds from other source	ces to contribute to this employment?	Yes □	No□		
If "yes", please	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, Qalipu First Nation Reports, and Board Kits etc. The Qalipu First Nation agrees to share this information with Service Canada.

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

I understand that if approved, Qalipu First Nation 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 Qalipu First Nation;
- Ensuring student completes a Qalipu Employee Information Form and Banking Information Form **before employment begins**;
- Qalipu First Nation is responsible for minimum wage and MERC. Any expenses above this are the responsibility of the employer;
- 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 Qalipu First Nation.

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

Signature of Employer		

Date of Application (Month/Day/Year



# 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:**

Education & Training
Attention: Yvonne MacDonald
PO Box 460
St. George's, NL A0N 1Z0

E-mail: ymacdonald@qalipu.ca

Telephone: 1-709-647-3514

DEADLINE: First Friday in April of each year by 12:00 pm

FAXED APPLICATIONS CANNOT BE ACCEPTED