

# Youth Summer Employment Program (YSEP) Employer Application

| Employer Information   |   |                                |                         |  |
|--|---|--------------------------------|-------------------------|--|
| Company:   |   | Contact Person:                |                         |  |
|  |   | Telephone #:                   |                         |  |
| Address:   |   | Fax #:                         |                         |  |
|  |   | E-mail:                        |                         |  |
| Type of Organization:  |   |                                |                         |  |
| Indigenous<br>Organization   | Local Business Owned by<br>Indigenous Individual(s) | Not-for-Profit<br>Organization | Other Local<br>Business |  |
| Please Provide a I   | Brief History of the Organization:                  |                                |                         |  |
|  |   |                                |                         |  |
| Summer Student Position Information  |   |                                |                         |  |
| Location of Employment:  |   | Job/Position Title:            |                         |  |
| Please indicate the number of hours per week:  *Maximum of 35 hours per week               |   | Tide.                          | L                       |  |
| Please indicate the desired start date:  |   |                                |                         |  |
| Hours of Work:  *Monday-Friday/Weekends/Shift Work  *Time (9-4, 7-3)                       |   |                                |                         |  |
| Are you receiving funds from other courses to contribute to this employment?               |   | Yes                            | No                      |  |
| If "yes", please in  | dicate what source(s):                              |                                |                         |  |
|  |   |                                |                         |  |
| If requesting more than the maximum number of 7 weeks, please explain why it is necessary: |   |                                |                         |  |
|  |   |                                |                         |  |



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| Please Provide A Detailed Job Description: *Attach a separate sheet if necessary |  |  |
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| Please Provide Any Other Additional Information:                                 |  |  |
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#### **Employer Declaration**

I acknowledge that Qalipu First Nation will communicate with me via e-mail, and that it is my responsibility to inform them of any changes, including updates to my contact information. I also understand that if my application is approved, I will be responsible for the following:

- Managing payroll and related tax obligations
- Submitting the banking details for the approved business/organization
- Covering any costs beyond the minimum wage, MERC, and those specified in the agreement
- Recruiting and selecting a student who meets all eligibility criteria
- Ensuring the student completes their application accurately
- Providing adequate supervision to the student
- Maintaining a safe work environment
- Supplying any tools or materials necessary for the student to complete their duties
- Providing any necessary training
- Submitting a report midway through the program and at the end of the employment
- Ensuring the student completes a survey during the final week of employment

I understand that the submitted application will form part of the agreement between the Applicant and Qalipu First Nation, if approved. Additionally, if a student declines the placement or terminates their employment early, I must inform Qalipu First Nation immediately and I may not replace the student with another without prior approval from Qalipu First Nation.

By signing this application, you authorize Qalipu First Nation to use information contained in this application, and any submitted images, including photos and videos, for promotional purposes on our social media platforms, website, annual report, weekly newsletter and other platforms utilized by Qalipu First Nation. You acknowledge that you will not receive any financial compensation for the use of the materials. Your consent is voluntary and can be withdrawn at any time by providing written notice. You further acknowledge that the information will be shared with Service Canada, Indigenous Services Canada and other funding agencies.

| Signature of Employer: |  |
|------------------------|--|
| Date:                  |  |

### Your application will be deemed incomplete if any sections are not completed or if the required supporting documentation is not included:

• A letter detailing why a summer student would be beneficial to your business/organization and the community

DEADLINE: First Friday in April of each year by 12:00 P.M. (noon)

#### **Submit Applications To:**

Education and Training Attention: Yvonne MacDonald P.O. Box 460 St. George's, NL A0N 1Z0

E-mail: ymacdonald@qalipu.ca

Telephone: 1-709-647-3514

FAXED APPLICATIONS CANNOT BE ACCEPTED