

Fields marked with an asterisk (*) are mandatory.

Staff is available to help you complete this form.

Employment Ontario Programs *

- Employment Service (ES)
 Youth Job Connection (YJC)/Youth Job Connection: Summer (YJCS)
 Youth Job Link (YJL)
 Supported Employment (SE)

Service Provider Use Only

Employer Reference Number

Date of Registration* (DD/MM/YYYY)

Registered/Corporate Information

Registered/Legal Name *

Corporate Business Name (hereinafter referred to as the "Employer") *

Canada Revenue Agency/Business Number *

Total Number of Employees in Corporation (Registered Corporation) *

Year Business Registered (YYYY):

Preferred Language*

Preferred Communication

 English

 French

 Phone

 Email

Corporate Address

Unit Number

Street Number *

Street Name *

PO Box

City/Town *

Province *

Postal Code *

Closest Intersection

Corporate Telephone Number *

ext.

Corporate Fax Number

ext.

Mailing Address (if different from Corporate Address)
 Address same as above

Unit Number

Street Number*

Street Name*

PO Box

City/Town*

Province*

Postal Code*

Closest Intersection

Primary Corporate Contact Details

Last Name *

First Name *

Middle Initial

Title

Email Address

Phone Number *

ext.

Fax Number

ext.

Alternate Corporate Contact Details
 Not Applicable

Last Name

First Name

Middle Initial

Title

Email Address

Phone Number <div style="text-align: right; margin-top: 5px;">ext.</div>	Fax Number <div style="text-align: right; margin-top: 5px;">ext.</div>
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Business (Local Branch) Information (if different from Registered/Corporate Information)

Same as Registered/Corporate Information

Unit Number	Street Number*	Street Name*	PO Box
City/Town*		Province*	Postal Code*
Closest Intersection			

Primary Branch Contact Details

Last Name *	First Name *	Middle Initial
Title	Email Address	
Phone Number <div style="text-align: right; margin-top: 5px;">ext.</div>	Fax Number <div style="text-align: right; margin-top: 5px;">ext.</div>	

Alternate Branch Contact Details

Not Applicable

Last Name *	First Name *	Middle Initial
Title	Email Address	
Phone Number <div style="text-align: right; margin-top: 5px;">ext.</div>	Fax Number <div style="text-align: right; margin-top: 5px;">ext.</div>	

Company Details

Employer Business Size (Total Number of Employees in your Branch/Location) *

1 - 10 11 - 50 51 - 500 501 +

Briefly describe your business and the types of occupations it supports

Type of Sector *

Private Public Not for Profit Other, specify ► _____

Type of Business *

- | | |
|---|---|
| <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting
<input type="checkbox"/> Management of Companies and Enterprises
<input type="checkbox"/> Manufacturing including food
<input type="checkbox"/> Transportation and Warehousing
<input type="checkbox"/> Finance and Insurance
<input type="checkbox"/> Construction
<input type="checkbox"/> Administrative and Support, Waste Management and Remediation Services
<input type="checkbox"/> Real Estate and Rental and Leasing
<input type="checkbox"/> Health Care and Social Assistance
<input type="checkbox"/> Public Administration
<input type="checkbox"/> Other Services (except Public Administration), please specify ► _____ | <input type="checkbox"/> Utilities
<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Information and Cultural Industries
<input type="checkbox"/> Educational Services
<input type="checkbox"/> Accommodation and Food Services
<input type="checkbox"/> Mining, Quarrying
<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Professional, Scientific and Technical Services
<input type="checkbox"/> Arts, Entertainment and Recreation |
|---|---|

Is your company currently/ recently involved in lay-offs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have third party liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which type of workplace safety insurance do you have? <input type="checkbox"/> WSIB <input type="checkbox"/> Alternative workplace safety insurance coverage. ► Please specify:
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Training Position Information (Complete a separate page for each different type of position)

Training Position 1

Training Site Address

Unit Number	Street Number *	Street Name *	PO Box
City/Town *		Province *	Postal Code *
Phone Number ext.		Fax Number ext.	
Email Address			
Training Position Title		Number of Available Positions	
Start Date (DD/MM/YYYY)	Scheduled Days	Hours of Work	Rate of Pay (per hour)
Description of duties and components of job			

Basic skills required for the training position

What training are you able/willing to provide for the new employee?

Other Requirements (if any)

Declaration and Signature

NOTE: Intentional falsification of information on this form may lead to termination from Employment Service.

I am authorized to act on behalf of the Employer and the information on this form is complete and accurate.

Name (First Name and Last Name) *		Title *				
Signature			Date (DD/MM/YYYY) *			
Service Provider Use Only (assessment of training opportunity/work site)		North American Industry Classification System Code				

THE CAREER FOUNDATION

Developing Human Potential

The Career Foundation Head Office, 700 Lawrence Avenue West, Suite 430, Toronto, ON M6A 3B4, Tel: 416-642-2406, Fax: 416-642-2461

The Career Foundation has implemented an electronic funds transfer (EFT) process for all vendor payments. Effective 1 December 2016 vendors will no longer receive a cheque for payment. Instead, funds will be electronically transferred (deposited) to the vendor's bank account. Upon payment the vendor is issued a detailed remittance advice via email. This process is cost and time efficient and reduces opportunities for theft or fraud.

The following stipulations apply:

1. The vendor's bank must be a Canadian institution.
2. Invoices must be in Canadian dollars and to a Canadian address.
3. A valid fax and email contact is required for notification of deposit.
4. Vendor banking information must come from one of the following:
 - a. On your official letterhead
 - b. On your vendor invoice
 - c. On a void cheque
 - d. On a document issued by your banking institution.

Please submit your information either by email or by regular mail, including this signed EFT Request Form to:

Richard Chow, Controller
 The Career Foundation
 Suite 430, 700 Lawrence Ave W
 Toronto, ON M6A 3B4
 Email: rchow@careerfoundation.org

Company Name:			
Email Address for remittance advice:		Fax Number:	
Bank Name:			
Bank Address		City:	
Province:		Post Code:	
Institution #		Transit #	
Account #		Chequing or Savings Acc:	
Your Name:		Your Position:	
Authorized Signature:		Date:	

All banking information will be regarded as confidential and used strictly for establishing your ETF profile.

Employer Eligibility/Site Visit Checklist Waiver, Release and Indemnity Agreement (Registration)

Employer Name: _____

To participate in placements, employers must meet the following eligibility criteria, agree and sign the attached Waiver, Release and Indemnity Agreement:

Employer Eligibility/Initial Site Visit		
As an Employer, we are licensed to operate in Ontario	Yes	No
As an Employer, we comply with all applicable legislation, including the <i>Occupational Health and Safety Act, Human Rights Code, Freedom of Information and Protection of Privacy Act, and the Employment Standards Act</i>	Yes	No
Employment is being provided in Ontario	Yes	No
As an Employer, we maintain appropriate WSIB #: _____; or alternate Workplace Safety Insurance Policy #: _____	Yes	No
As an Employer, we maintain adequate third party liability insurance coverage	Yes	No
If a placement is arranged, we will ensure that no regular full-time or part-time employees will be displaced in any way by the employment of a placed Employee	Yes	No
If a placement is arranged, we agree to develop in partnership with the Service Provider a training plan for the Employee, and we agree to provide supervision and training to the placed Employee	Yes	No
If a placement is arranged, we are willing to provide feedback and assessments of the Employee's skills both during and after the training period	Yes	No
If a placement is arranged, we are willing to place the Employee on our company's payroll, and, in order to obtain training incentives if applicable, we are also willing to submit time sheets/pay stubs that outline deductions and that are signed by us (the Employer) and the Employee	Yes	No
If a placement is arranged, the Employee will be of no immediate familial relation to us (the Employer) such as Parent, Child, Spouse or Sibling.	Yes	No

The Career Foundation accepts no liability for the accuracy of the disclosure above, or for the consequences of any actions taken on the basis of the information provided by the Employer.

Waiver, Release and Indemnity Agreement

Whereas the "Employer" intends to enter into the Training Incentive Placement Agreement (the "Agreement") with The Career Foundation; And whereas the Employer agrees to employ the placement (the "Employee") on its own terms and conditions as agreed upon directly with the Employee; And in consideration of the receipt of subsidies for training the Employee on the terms set out in the Agreement; The Employer hereby agrees:

1. That this document constitutes a full and final release and waiver of all claims, damages and costs that the Employer may have, caused by or related in any way to its participation in the Agreement, and/or related to the employment or termination of employment with the Employee, as against The Career Foundation;
2. Not to commence or continue any proceeding by way of claim, cross-claim, counter-claim, third party or subsequent claims against The Career Foundation relating to the acts or omissions, employment or termination of employment with the Employee, including acts of negligence or gross negligence on the part of the Employee; and
3. To defend, indemnify and save harmless The Career Foundation, its employees, directors, officers and agents and their respective successors and assigns, from and against all claims, demands, losses, costs, damages, actions, suits or proceedings, by whomsoever made, based on, arising out of, related to, occasioned by, or attributable to the acts or omissions, employment or termination of employment with the Employee, including any act of negligence or gross negligence on the Employee's part.

The representative signing this Agreement confirms his/her authority to bind the Employer to the above

- 1) Employer Eligibility/Initial Site Visit; 2) Waiver, Release and Indemnity Agreement.

Signature of Authorized Employer Rep.

Signature of Witness

Name of Representative (Please Print)

Name of Witness (Please Print)

___ / ___ / ___
DD MM YYYY

/ /

Consent to Receive our Electronic Communication

In accordance with Canada's Anti-Spam legislation, The Career Foundation is requesting your express consent to send you electronic messages about important information and news that we believe you will find relevant to your business needs. These communications may include, but are not limited to, the following areas:

- New wage subsidy programs and other incentives available from the Government for which your company could be eligible.
- Additional employment-related HR services that we can offer your business at no cost.
- Specialty services and/or events that could be essential to your business that we may have available for you to consider under our fee-for-service program from time to time.

Our goal is to provide you with relevant and important information that can give your business a competitive advantage.

Please complete the information below to indicate your express consent with receiving such electronic communication from us from time to time. You will be able to unsubscribe at any future time by using the unsubscribe mechanism that we will include in such emails to you.

Email Address: _____

Date: _____

Printed Name: _____

Signature: _____