



TRAINING PROPOSAL/WORK PLAN

NOTICE: An application must be approved by Gezhtoojig before you start training.



Company Legal Name: _____

Contact Name: _____

Mailing Address: _____

Postal Code: _____

Telephone: _____ Fax : _____

Revenue Canada Taxation Number: _____

In Business Since: _____ Number of Employees: _____ Union: No [] Yes [] Local #: _____

Legal Signing Officers:

Title: _____ Print Name: _____ Signature: _____

Title: _____ Print Name: _____ Signature: _____

**** NOTE: Employer must have WSIB or equivalent insurance policy number or we cannot fund ****

Workplace Safety and Insurance Board Status: [] Registered [] Non-registered

Firm Number: _____ Account Number: _____

Funds from Other Sources:

Are you receiving financial assistance for this work experience from any other agency or program?

- Yes If yes, what is the source and what amount? _____
- No

Layoffs:

I certify that in creating this work experience, the employer has not laid off and will not lay off any employee. I certify that no previous employee eligible for recall will be denied recall because of this work experience.

Print Name: _____ Signature: _____

Title: _____ Date: _____

Proposed Candidate:

Candidate Name: _____ Social Insurance Number: _____

Mailing Address: _____

Postal Code: _____

Telephone: _____ Fax : _____

How did you recruit and select this person? _____

Will you be hiring or training any other staff? _____

Is this an apprenticeship? Yes No

JOB OPPORTUNITY:

Job Title: _____

Total Hours per week: _____ Between the hours of _____ (am/pm) and _____(am/pm)

Weekend Work: Yes No Saturday: From: _____ To _____ Sunday: From: _____ To _____

Rate of Pay for this position is: \$_____/hour Number of Weeks to Train this position is: _____

Is it your intention to provide ongoing employment to the participant after the subsidized training period?

- Yes
- No

Comments: _____

In the space provided below, describe in detail the following Activities/Duties to be introduced during the training period and include the approximate duration (attach additional sheet if necessary).

DUTIES/SKILLS	TIME FRAME (WEEKS)
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-	
-	
-	
-	
-	
-	
-	
-	
-	
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