



Ministry of Training,
Colleges and Universities

J O B C O N N E C T

Employer Information

Agency Use Only
Field Identifier:

Ce formulaire est aussi disponible en français

Section 1: BUSINESS PROFILE

Company Name			Federal Business Number
Address	Nearest major intersection	Contact name	Telephone #
			FAX #

Have you ever participated in the Job Connect (JC) program? Yes No

If "Yes", when: _____ With which organization? _____

Type of Sector		Type of Business			No. of Years in Business	Size of Business	
private sector	not for profit	service	manufacturing	retail	_____	1 - 10 employees	51 - 500 employees
public sector	broader public sector	primary (including agriculture)	other	_____ specify		11 - 50	500 + employees

Briefly describe your business and the types of occupations it supports:

Is your business currently/recently involved in lay-offs? Yes No

Do you have third party liability coverage? Yes No Which type of workplace safety insurance do you have? WSIB alternative workplace safety insurance coverage

Section 2: TRAINING POSITION INFORMATION - Complete a separate page for each DIFFERENT type of position

Training site address (if different from above)		Contact name	Title
Telephone #	FAX #	E-mail address	

Training Position title			Number of available positions
Start date (DD/MM/YYYY)	Scheduled days	Hours of work	Rate of pay

Description of duties and components of job:	Basic skills required for the training position:
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What training are you able/willing to provide for the new employee?	Other requirements (if any):
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Section 3: DECLARATION

NOTE: Intentional falsification of information on this form may lead to termination from the Job Connect program.

The Ministry of Training, Colleges and Universities provides funding to your Job Connect agency to provide the Job Connect and/or Summer Jobs Service. Your Job Connect agency has contracted with the Ministry to provide reports about the service it has provided to you, your satisfaction with the service, and other aspects of your educational and training experiences that will enable the Ministry to administer, fund, evaluate and monitor the services and to plan and deliver job training programs and services. The reports will identify you by a computer generated number but the Ministry will not collect your name or address. Your Job Connect agency has also contracted with the Ministry to allow the Ministry to audit its delivery of the service and administration of the funding and the Ministry may need to have access to all personal information collected by your Job Connect agency, including your name and address, but only if an audit is conducted. By signing below, I give consent to the Ministry to indirectly collect and use personal information about me for these purposes.

The personal information collected and used by the Ministry is necessary for the purposes listed above, in accordance with s. 38(2) of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31, as amended. Questions about the collection and use of your personal information may be addressed to the Ministry of Training, Colleges and Universities, Employment Preparation Manager, 900 Bay Street, Toronto, Ontario, M7A 1L2, or by phone at (416) 326-5837.

Signature Title Date (DD/MM/YYYY)

X _____

Agency Use Only (assessment of training opportunity/work site):