

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
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Training Position Information – Complete a separate page for each DIFFERENT type of position

Training Site Address (if different from above)

Number and Street Name	Unit/Suite/Apt	City	Province	Postal Code
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Telephone number			FAX number		
Area Code	Telephone Number	Ext	Area Code	Telephone Number	Ext

Training Position Title	Number of Available Positions
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Start Date DD MM AAAA	Scheduled Days	Hours of Work	Rate of Pay (per hour) \$ _____
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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 the Employment Service.

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

Signature:	Title:	Date
X		DD MM AAAA

Service Provider Use Only (assessment of training opportunity/work site):	North American Industry Classification System Code:							
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