



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	Revenue Canada Number
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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 delivery agency? \_\_\_\_\_

<b>Type of Employer</b> private sector <input type="checkbox"/> not for profit <input type="checkbox"/> public sector <input type="checkbox"/> broader public sector <input type="checkbox"/>	<b>Type of Business</b> service <input type="checkbox"/> manufacturing <input type="checkbox"/> retail <input type="checkbox"/> primary (including agriculture) <input type="checkbox"/> other <input type="checkbox"/> specify _____	<b>No. of Years in Business</b>	<b>Size of Business</b> 1 - 10 employees <input type="checkbox"/> 11 - 50 <input type="checkbox"/> 51 - 500 employees <input type="checkbox"/> 500 + employees <input type="checkbox"/>
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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	Telephone # ( )
	Title	FAX # ( )

Training Position title	Number of available positions
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Start date	Scheduled days	Hours of work	Rate of pay
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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):

### Section 3: DECLARATION

**NOTE: Intentional falsification of information on this form may lead to termination from the Job Connect program.**  
 The information on this form is collected in order for the Ministry of Training, Colleges and Universities to administer the Job Connect program.

**I warrant that all information described above is, to the best of my knowledge, correct, and hereby consent to and authorize the release and disclosure of that information to representatives of the Ministry of Training, Colleges and Universities, for the purpose of administering the Job Connect program.**

Signature	Title	Date
<b>X</b>		

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