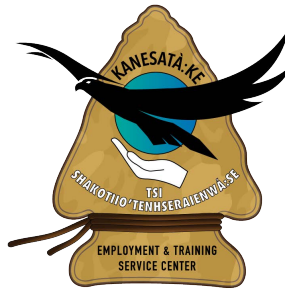


Employer Application for C1 Funding Assistance



Kanesatake Employment & Training Service Center
 14-C Joseph Swan Road
 Kanesatake, QC, J0N 1E0
 Tel.:(450)479-8373 ext: 301
 Fax : (450)479-1103
 E-mail : ketsc@kanesatake.ca

SECTION A: IDENTIFICATION INFORMATION

Legal Name of Employer:	Common Name of Employer:
Business Address:	Business Phone:

SECTION B: EMPLOYER TYPE

Private Sector	Not for Profit Sector	Public Sector
Banks	Aboriginal not for profit groups	Municipal government & agencies
Incorporated or unincorporated businesses, bodies	Associations of workers and or employers	Public Health
Indian Band Corporations	Local Community, Charitable	Provincial government and agencies
Private Band Councils	National non-governmental organizations	Public community colleges and vocational schools
Private Universities and Colleges	Not-For-Profit Band Councils	Private Universities and Public degree-granting
	Provincial/Territorial non-governmental Organizations	Public degree-granting universities
	Sector Councils	Territorial governments
	Union	

SECTION C: ORGANIZATION INFORMATION

Organization has existed since?	Number of employees in the organization?
What are the main product(s) /service(s) of your organization?	
Language of Correspondence	Language of service
Kanien'kéha English French	Kanien'kéha English French
Worker's Compensation Account Number:	Worker's Compensation Rate:
Insurance Name:	Insurance Policy Number:
Other insurance (if applicable):	

SECTION D: DETAILS OF REQUEST

Give a detailed Job Description for the position(s):
Use company letterhead for additional information

Does this request require training?			If so where? on the job other, specify:		
Yes	No	Length of time for training:			

***Note: Incomplete forms will not be accepted**

Employer Application for C1 Funding Assistance

SECTION E: FUNDING DETAILS

What are the funding needs for this project:							
	Participant Wages		Overhead costs		Transportation		Accommodation
Other costs, please specify:							
Is the employer contributing to any of the funding request?						Yes	No
What will be paid by the employer?							
	Participant Wages		Overhead costs		Transportation		Accommodation

Employer / Coordinator	
Name (please print)	Position
Client signature	Date

Employer Application for C1 Funding Assistance

SECTION K: FOR KETSC OFFICE USE ONLY

Entered into ALMASS on: _____	KETSC Representative: _____
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Has client previously accessed KETSC/URBAN funding? Yes No

If Yes, what year? _____	What measure? _____
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Career Cruising Yes No Date: _____

Notes:

Employability/Training Measure

<input type="checkbox"/> Vocational Training: B1	<input type="checkbox"/> General Academic Upgrading B2
--------------------------------------------------	--------------------------------------------------------

<input type="checkbox"/> On the Job Training: B3	<input type="checkbox"/> Job Creation: C 1
--------------------------------------------------	--------------------------------------------

<input type="checkbox"/> Assistance for Self-Employment C2	<input type="checkbox"/> Youth Initiative
------------------------------------------------------------	-------------------------------------------

Start of Measure:

<input type="checkbox"/> Fall	<input type="checkbox"/> Winter
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<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
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KETSC Representative Signature

Date



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Notes for filling out this file

1. Click on any form and start typing to enter your information
2. Date fields have a calendar you can use to choose the date. Click on the down arrow that appears when you select the field
3. You may ignore the signature fields to sign them at KETSC offices
4. If you do not know how to fill out a specific field the Employee Counsellor at KETSC will help you complete the form during your appointment with them
5. There is a Print button at the top of this form. Click on it to open the print dialog box to print the document
6. There is a Clear Form button at the top of this form. Click on it to remove ALL the Information you filled in

Options for submitting this file before your appointment

You have multiple options to make your appointment go quicker by filling out this form before your appointment with your employment counsellor, they are as follows:

1. Fill out this form as completely as you can, save the file and email it to ketsc@kanesatake.ca using the form title as the subject so the employment counsellor has access to the forms you filled out before your appointment.
2. Fill out this form as completely as you can and print this document and bring it in when you come in for your appointment
3. If you are familiar with Adobe PDF files and Digital signature you may digitally sign your document and email it to ketsc@kanesatake.ca

If you require additional help with Adobe PDF or would like to learn more, you can click on the following link.

<https://helpx.adobe.com/ca/acrobat/using/filling-pdf-forms.html>