



Ce formulaire est aussi disponible en français

Staff is available to help you complete this form

Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French		Business Number		Employer Reference Number		Date of Registration DD MM YYYY	
Registered Name (Legal Name)							
Trading Name (if different from Registered Name)							
<b>Address</b>							
<b>Registered Address</b>		Unit/Suite/Apt		City		Prov	Postal Code
Closest Intersection							
<b>Business Address (if different from Registered Address)</b>							
Number and Street Name		Unit/Suite/Apt		City		Prov	Postal Code
Primary Telephone Number		Fax Number		Area Code		Area Code	
Area Code		Ext		Area Code		Ext	
<b>Company Contact Information</b>							
Name				Contact Type <input type="checkbox"/> Primary <input type="checkbox"/> Alternate			
Title				Telephone Area Code Telephone Number Ext			
Email Address							
<b>Company Details</b>							
Size of Business (number of employees)				Type of Business			
<input type="checkbox"/> 1 - 10		<input type="checkbox"/> 11 - 50		<input type="checkbox"/> Service		<input type="checkbox"/> Retail	
<input type="checkbox"/> 51 - 500		<input type="checkbox"/> 501 +		<input type="checkbox"/> Primary (incl. agriculture)		<input type="checkbox"/> Manufacturing	
				<input type="checkbox"/> Other, specify: _____			
Type of Sector				Number of Years in Business			
<input type="checkbox"/> Private		<input type="checkbox"/> Not-for-Profit					
<input type="checkbox"/> Public							
<input type="checkbox"/> Other, specify: _____							
Briefly describe your business and the types of occupations it supports.							

Is your company 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

**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

Telephone number

Area Code Telephone Number

Ext

FAX number

Area Code

Telephone Number

Ext

Training Position Title

Number of Available Positions

Start Date

DD

MM

AAAA

Scheduled Days

Hours of Work

Rate of Pay (per hour)

\$

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: X

Title:

Date

DD

MM

AAAA

**Service Provider Use Only** (assessment of training opportunity/work site):

North American Industry Classification System Code:

--	--	--	--	--	--	--	--	--	--