



Post-Secondary Education,
Training and Labour

Application Form

WORKFORCE EXPANSION

Employer Wage Subsidy

(Formulaire disponible en français)

For Office Use Only

Application ID

*Funded by the Government of
Canada and the Province of New
Brunswick through the Canada-
New Brunswick Labour Market
Agreements*

INCOMPLETE FORMS WILL BE RETURNED / PLEASE PRINT CLEARLY

In which official language do you prefer to receive correspondence? English French

2 Legal Registered Name of Business or Organization

Mailing Address (also add street address, if different)

City, Town, Village

Province Postal Code

Business Location

Web Site Address (if applicable)

Major Activity of Business or Organization

3 Name of Contact Person

Mr.

Ms.

Title of Contact Person

Telephone

Area Code

Number:

Alternate Number:

Cellular or

Residence

Fax Number:

E-Mail Address
(if applicable)

Type of Employer:

Private

Non-Profit

If Private, please indicate which of the following would apply:

Sole Proprietorship

Partnership

Incorporated

4

Business Number
(from Canada Customs and Revenue Agency)

All Employers must have a payroll number. For information on how to apply for it, please call Canada Customs and Revenue Agency at 1-800-959-5525.

5

Number of years in operation

6

Has this business/organization received any prior funding from the Provincial Government? Yes No

OFFICE USE ONLY

Supplier Number

Note: Supplier Numbers are issued to organizations that have received funding or payments from the provincial government.

7A History of Employment Level

- List **all** your employees on your payroll for the past 12 months.
- **Start with the current month and go back 12 months** to cover your past year.
- Complete the following table using the codes mentioned in section 7B. Indicate the status of each employee. **Owners should only be included if they are eligible to make EI contributions.**

Name of employees on your payroll

<i>Please indicate the month here</i> →														
John Doe (example)	A	A	A	A										
Mary Doe (example)					A	A	A	A						
Total Number of Employees														

7B When referring to the list of employees above, identify the status of each employee using the codes mentioned below

Codes	Total	Description
A	<input type="checkbox"/>	Year Round Full-Time: Greater than or equal to 44 consecutive weeks per year and 30 hours per week.
B	<input type="checkbox"/>	Year Round Part-Time: Greater than or equal to 44 consecutive weeks per year and less than 30 hours but more than 15 hours per week.
C	<input type="checkbox"/>	Seasonal Full-Time: Less than or equal to 43 consecutive weeks but equal to or more than 14 consecutive weeks; and 30 hours or more per weeks.
D	<input type="checkbox"/>	Seasonal Part-Time: Less than or equal to 43 consecutive weeks but equal to or more than 14 consecutive weeks; and less than 30 hours but more than 15 hours per weeks.
E	<input type="checkbox"/>	Summer Student: Do not include summer students in year round (A, B) or seasonal (C, D) categories.
F	<input type="checkbox"/>	Other: Example: an employee who works 15 hours or less per week or who is paid strictly on a commission or contract basis.

8 Jobs Requested If space is required to list additional jobs or to provide job description(s), attach a separate sheet of paper.

No. of Jobs	Job Title	NOC (office only)	Work Location City, Town or Village	Hours /Week	Weeks /Year	Start Date (Year/Month/Day)	Hourly Wage
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Job Description (duties, skills, education): _____

No. of Jobs	Job Title	NOC (office only)	Work Location City, Town or Village	Hours /Week	Weeks /Year	Start Date (Year/Month/Day)	Hourly Wage
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Job Description (duties, skills, education): _____

No. of Jobs	Job Title	NOC (office only)	Work Location City, Town or Village	Hours /Week	Weeks /Year	Start Date (Year/Month/Day)	Hourly Wage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Job Description (duties, skills, education): _____

9 Have the employee(s) already started working? Yes No
 Are any of these jobs already funded under other government programs? Yes No
 Have unions been consulted when job classifications are bound by collective agreement? Yes No No unions
 Are these positions replacing regular employees? Yes No

10 How are you planning to pay employee(s)? Hourly rate Piece Rate Commission
 Contract Salary

11 Reasons for hiring?

 Upon completion of the Wage Subsidy period, how will you maintain this / these positions?

12 Are there any planned layoffs, shutdowns or hourly reductions within the next year? Yes No
 If yes, when? Why?

13 **Other Comments:** _____

14 I certify that the information contained in this application is correct. I understand any money received under this program must be used to create a job which **ADDS** to the regular number of employees I have on staff at the time of approval. I am also aware that this increased number of employees must be maintained until the program concludes. As well, I understand that the Department of Post-Secondary Education, Training and Labour may share the information contained in this application with other government departments and/or contracted third party agencies when conducting reviews or assessments of the program.

 Signature Date

OFFICE USE ONLY

