



SMALL COMMUNITY EMPLOYMENT SUPPORT (SCES) PROGRAM

APPLICATION for EMPLOYERS

1. APPLICANT INFORMATION

Name of Business	E-mail	Phone
Business Address		Postal Code
Community		
Contact Person's Name	Contact Person's E-mail	
Contact Person's Cell	Contact Person's Fax	
Proposed Start Date	Proposed End Date	

2. BENEFITS

Describe how SCES financial support will improve the new employee(s), the operation of the business and community infrastructure and/or economic development projects:

a. New Employee(s):

b. Business Operations:

c. Community infrastructure projects and/or economic development projects within your community:



3. SCES Job(s) Proposed to be Created :

- a. How much financial support are you requesting: \$_____
- b. How much is the business contributing to the proposed position(s): \$_____
- c. How many new jobs and existing jobs are expected to be supported by SCES program funding?
 - Number of New Jobs: _____
 - Number of Existing Jobs: _____
 - Number of Summer Jobs _____
- d. How many of the positions in Question #3c. will support local community infrastructure and/or economic development projects?
 - Number of positions: _____

<i>Position</i>	<i>Hourly Wage</i>	<i>Hours per Week</i>	<i># of Weeks</i>	<i>Subsidy Request</i>	<i>Employer's Share</i>
1.	\$			\$	\$
2.	\$			\$	\$
3.	\$			\$	\$
4.	\$			\$	\$
5.	\$			\$	\$
6.	\$			\$	\$
7.	\$			\$	\$
8.	\$			\$	\$
TOTALS				\$	\$



4. AUTHORIZATION

I am the Employer's authorized representative or designate.

I certify that the information given above is true and complete in every respect. I am aware legal action may be taken against me for making false statements or failing to inform the Department of Education, Culture and Employment (ECE) of changes to the above information. I understand I must report, as soon as possible, any changes in the above information, such as a change to the status of the training or employment of an apprentice, including but not limited to resignation, layoff or termination.

I agree to participate in the evaluation process by completing a survey to determine if skills training needs have been met by our participation in the program.

I agree to pay all wages, statutory payments, Workers' Compensation and Employment Insurance contributions, (where appropriate) and to provide all necessary documentation prior to receiving reimbursement of eligible expenses.

Signature

Title

Date