



Post-Secondary Education,  
Training and Labour

# WORKFORCE EXPANSION PROGRAM

## Employer Wage Subsidy Application Form

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

(Formulaire disponible en français)

**INCOMPLETE FORMS WILL BE RETURNED / PLEASE PRINT CLEARLY**

1. Legal Registered Name of Business or Organization:

Name of Owner(s):

Street Address:

Mailing Address:

City, Town, Village:

Province:

Postal Code:

Business Location:

Web Site Address (If applicable):

Major Activity of Business or Organization:

2.  Mr. Name of Contact Person:

Ms.

Title of Contact Person:

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

Telephone Number:

Fax Number:

Alternate Number #1:

Cell

Residential

Alternate Number #2:

Cell

Residential

E-mail address (if applicable):

Type of Employer:  Private  Non-Profit  First Nations

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

Sole Proprietorship  Partnership  Incorporated

4. Business Number (from Canada Revenue Agency):

RP00

All employers **MUST** have a payroll number.

For information on how to apply for it, please call  
Canada Revenue Agency at 1-800-959-5525.

5.

Year business started (under current ownership):

(YYYY)

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

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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.**

Please start with the current month here ->		<input type="text"/>												
Name of employees on your payroll	Notes (eg: sick leave, maternity, etc.)													
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 each position status using the codes mentioned in the table and description below:

- |              |                      |   |
|--------------|----------------------|---|
| <b>Codes</b> | <b>Total</b>         | <b>Description</b>  |
| A            | <input type="text"/> | Year Round Full-Time: 44 <u>or more</u> weeks per year <b>and</b> 30 <u>or more</u> hours per week.   |
| B            | <input type="text"/> | Year Round Part-Time: 44 <u>or more</u> weeks per year <b>and</b> from 15 hours <b>to</b> <u>less than</u> 30 hours per week.   |
| C            | <input type="text"/> | Seasonal Full-Time: 43 weeks <u>or less</u> per year <b>and</b> 30 hours <u>or more</u> per week.   |
| D            | <input type="text"/> | Seasonal Part-Time: 43 weeks <u>or less</u> per year <b>and</b> from 15 hours <b>to</b> <u>less than</u> 30 hours per week.   |
| E            | <input type="text"/> | Other: Example: an employee who works 14 hours <u>or less</u> per week <b>or</b> who is paid strictly on a commission or contract basis <b>or</b> a summer student <b>or</b> is (has been) on another subsidy program, etc. |

Code	Weeks	Hours/week	Full-Time/Part-Time
Definition	Year Round Full-Time / Part-Time		
A	≥44	≥30	Full-Time
B	≥44	≥15 and < 30	Part-Time
Definition	Seasonal Full-Time / Part-Time		
C	≤43	≥30	Full-Time
D	≤43	≥15 and < 30	Part-Time
E	-	≤14	-

**8. Jobs Requested:** If space is required to list additional jobs or to provide job description(s), attach a separate piece of paper. **Please note: Hourly wage does not include vacation pay.**

No. of jobs	Job Title	NOC (Office only)	Work Location City, Town or Village	Hours/ Week	Weeks/ Year	Projected Start Date	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): (YYYY/MM/DD)

No. of jobs	Job Title	NOC (Office only)	Work Location City, Town or Village	Hours/ Week	Weeks/ Year	Projected Start Date	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): (YYYY/MM/DD)

No. of jobs	Job Title	NOC (Office only)	Work Location City, Town or Village	Hours/ Week	Weeks/ Year	Projected Start Date	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): (YYYY/MM/DD)

9. Have the employee(s) already started working? Yes  No
- Are any of these jobs already funded under other government programs? Yes  No
- Are these positions displacing or replacing permanent employees on lay-off, vacation, parental or sick leave? Yes  No
- Have unions been consulted when job classifications are bound by collective agreement? Yes  No  N/A
- Is/are the potential employee(s) an immediate family member of the employer (e.g. spouse, child, parent, brother, sister)? Yes  No
- Is/are the potential employee(s) an officer or a director of the organization or a member of their immediate families (e.g. spouse, child, parent, brother, sister)? Yes  No

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

11. Reasons for hiring? Explain why your organization requires this/these additional position(s).

How will you maintain this/these position(s) during and upon completion of the Wage Subsidy period?

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12. Are there any planned layoffs, shutdowns or hourly reductions within the next year? Yes  No

If yes, please indicate when, why, how long, etc?

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13. Does your business have other offices in New Brunswick? Yes  No

If yes, please specify where.

Do you own any other business, operating in New Brunswick? Yes  No

If yes, please specify.

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14. Other Comments:

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15. 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(s) 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. **I certify that I have read, understood, signed, and dated the attached Consent Form, and that I may keep a copy for my records.**

Your signature affirms your status is in good standing with the New Brunswick Employment Standards Branch. Furthermore, any information relating to this application or your status with the Employment Standards Branch will be shared, if and when necessary, with the Employment and Continuous Learning Services Branch of the Department of Post-Secondary Education, Training and Labour in order to determine your eligibility to the program.

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Signature

Date

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**OFFICE USE ONLY**

## CLIENT CONSENT FORM TO COLLECT, USE, AND DISCLOSE PERSONAL INFORMATION

The Department of Post-Secondary Education, Training and Labour (the Department), its agents, and third party external service providers (service providers) are the organizations that provide employment-related programs and services.

Information (including personal, business, and financial information) provided by you for these programs and services is collected by the Department, its agents and service providers in accordance with paragraph 37(1)(b) of the *Right to Information and Protection of Privacy Act*, SNB 2009, c. R-10.6 (RTIPPA) for the purposes of administering the employment-related programs and services established under the Canada-New Brunswick Labour Market Agreements. Please see the definition of personal information in RTIPPA for more details on what is considered personal information.

Information provided by you is protected and handled in accordance with RTIPPA and the *Document and Record Management Policy*. If you have any questions or concerns regarding this consent form, the application process, the handling of your information, or the programs and/or services, please contact your Department's regional office.

All information provided by you must be accurate; please immediately inform the Department, its agents, and service providers of any changes.

### Consent to Collect, Access, Use and Disclose Personal Information

I, contact person on behalf of \_\_\_\_\_ (*please print business name*), hereby consent to allow the Department, its agents, and service providers to collect, access and use information provided by me:

- to determine and verify the business' eligibility for the program(s) or service(s) for which I am applying and/or receiving on its behalf;
- to assist the business in attaining its business goals, which includes monitoring the business' progress throughout its participation in the program and/or service; and
- to contact me throughout the business' participation in the program and/or service, for the purpose of collecting information concerning its participation to monitor and evaluate the program(s) or service(s) for research and continuous improvement to programming.

I understand that in order to accomplish these purposes, this information may need to be shared. I hereby consent to allow the Department, its agents, and service providers to disclose the information, if and when necessary, to other branches within the Department, other New Brunswick provincial departments and agencies, the federal Department of Employment and Social Development Canada, and third party evaluators.

I acknowledge that this authorization is valid for the duration of the business' participation in the program(s) or service(s) and the monitoring associated with it, and to carry out the evaluation of the program(s) or service(s), as established by the Department.

I understand that I, or other contact person on behalf of the business, can revoke this consent in writing, at any time and in doing so, I understand that the business will no longer be able to participate in the program(s) or service(s), because of the requirements established by the Canada-New Brunswick Labour Market Agreements.

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Name of contact person (*please print*)

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Business Name (*please print*)

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Signature of contact person

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Date

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