



STUDENT EMPLOYMENT AND EXPERIENCE DEVELOPMENT PROGRAM (SEED)

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

COOP Work Term Component

EMPLOYER APPLICATION FORM

(Formulaire disponible en français)

INCOMPLETE FORMS WILL BE RETURNED / PLEASE PRINT CLEARLY

Legal Registered Name of Business, Organization or Government:

Name of Branch or District (if applicable):

Street Address:

Mailing Address:

City, Town, Village:

Province:

Postal Code:

Business Location:

Web Site Address (If applicable):

Major Activity of Business or Organization:

Mr. Name of Contact Person:

Ms.

In which official language do you prefer to receive correspondence?

English

French

Telephone Number:

Alternate Number #1: Cell Residential

Alternate Number #2: Cell Residential

Fax Number:

E-mail address (if applicable):

Type of Employer: Government

University

NBCC

Hospital Corporation

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.

Jobs Requested for this (these) work term(s):

List jobs in order of priority. If addition space is required, attach a separate piece of paper.

No. of jobs	Job Title	NOC Office only	Work Location City, Town or Village	Hours/Week	Total weeks	Projected Start Date (YYYY/MM/DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No request will be accepted without this information.

You MUST hire a student from a recognized co-operative education program. Contact the post-secondary institution offering the co-operative program and identify a COOP student before submitting the application form.

Indicate the program name and the name of the educational institution.

PROGRAM

INSTITUTION

Is the COOP program registered with the Canadian Association for Co-operative Education (CAFCE)? 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

AGREEMENT - Employer

I certify the information contained in this application is correct. If approved, I understand that if I do not adhere to the program eligibility criteria, rules and regulations, the Department may cancel the contract. I also understand that, as an employer, I would be responsible for the WorkSafe NB New Brunswick premiums of employees hired under this program. I certify that I have read, understood, signed, and dated the attached Consent Form, and that I may keep a copy for my records.

Applicant's Signature

Date

Completed applications can be mailed or faxed

Department of Post-Secondary Education, Training and Labour
P.O. Box 6000
Chestnut Complex
Fredericton, NB E3B 5H1
Fax - (506) 453-2148

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 or agencies 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.

Business name (*please print*)

Name of contact person (*please print*)

Signature of contact person

Date

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