



ACCESS SUMMER STUDENT EMPLOYMENT APPLICATION

For Office Use Only		
1. Original <input type="checkbox"/>	2. Amendment <input type="checkbox"/>	3. Correction <input type="checkbox"/>
		Amendment No. _____

PART A – EMPLOYER INFORMATION (to be completed by applicant)		
1. Legal Name of Employer	2. Common Name of Employer	3. Area Code and Telephone: 4. Area Code and Fax:
5. Mailing Address	6. Name of Contact Person	7. Title of Contact Person
Postal Code:	8. E-Mail Address of Contact Person	9. Area Code & Telephone of Contact Person
11. Canada Customs and Revenue Agency Business/Charitable Registration Number	10. Address of Summer Student Employment Activity (if different from box 3) Postal Code:	
12. Organization Has Existed Since (y/m/d): _____	13. Number of Employees _____	14. What is the main product or service of your organization?
15. Employer Type: Not-For-Profit Sector Only Aboriginal not-for-profit groups/organizations ____ Aboriginal associations of workers &/or employers ____ Aboriginal local community, charitable, voluntary organizations ____ Aboriginal colleges/training institutes ____ Aboriginal programs at public/private colleges/universities ____ Other (explain) _____	16. Is there a union at the work place? Yes ___ No ___ (If yes, attach letter of Union concurrence with this application)	17. Does the employer owe any amount to ACCESS from previous contribution agreements for which they are currently in default? Yes ___ How much? _____ Is this for overpayment, CCRA remittances, penalties? _____ No ___
18. Workers Compensation (if applicable) Account No. _____ Rate _____ Insurer Name _____ Policy Number _____		

PART B – SUMMER STUDENT EMPLOYMENT PROJECT INFORMATION		
19. Anticipated Start and End Date of Project _____		
20. Number of Positions Requested ____	21. Titles of Positions I. _____ II. _____	22. Wage Rate per Hour for Each Position I. _____ II. _____
23. Each Position Job Description Has Been Attached to this Application. YES ____. This is a Mandatory Requirement. Your Application May Be Delayed If Job Descriptions Are Not Attached.	24. Name of Supervisor(s) (if different from contact person) for each position I. _____ II. _____	25. Level of education suitable for each job (secondary, college, university, other – specify) I. _____ II. _____

PART C – PROJECT BUDGET (Please fill in the following)									
Job Title	Number of jobs for this position	X No. of weeks per job	X Hours per week per job (not to exceed 35 hours per week)	X Wages per hour	= Subtotal Wages	X 12% MERCS Per Job (for CPP, EI, vacation @4% for employer costs)	= Total Wages and Benefits	Total Contribution Request from ACCESS	Total Employer Contribution
Subtotals									

TOTAL REQUESTED FROM ACCESS	\$ _____
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NOTE:

Please ensure your application adheres to the guidelines in the attached *Summer Student Employment Program Application Guidelines*.

A written proposal is not necessary. Please attach job descriptions to this Application Form and send to:

Program Officer (phone ACCESS below to contact a program officer)
ACCESS

Address: 108-100 Park Royal South
West Vancouver, Vancouver, BC V7T 1A2

Fax: 604-913-7938

Telephone: 604-913-7933