

EMPLOYER APPLICATION FORM

Applications are accepted on an ongoing basis until December 2018. Please complete and return this form to westktech@kcds.ca

EMPLOYER INFORMATION

1. Business/Organization Name:

Address:

2. Program Contact Name:

Phone:

Email:

3. Business/Organization Sector (select one below):

- ☐ Technology
☐ Manufacturing
☐ Tourism

Product(s) or service(s):

POSITION INFORMATION

1. Position title:

Hourly Wage:

Hours per Week:

2. Do you have written a job description for this position?

☐ Yes (attach job description)

☐ No

Key duties and responsibilities (point form):

Required skills and qualifications (point form):

Preferred candidate educational background (point form):

3. Is this a permanent position?
☐ Yes
☐ No
4. Is this position currently posted on public job boards?
☐ Yes
☐ No
5. Do you have a specific candidate in mind for this position?
☐ Yes
☐ No
6. Are you able to hire a candidate within one month of acceptance into the program?
☐ Yes
☐ No

WAGE SUBSIDY INFORMATION

1. How will participation in this program support your organization to build capacity? (point form)

Why do you require a wage subsidy to staff this position? (point form)

2. How much wage subsidy do you expect you will require?

Hourly Wage		(Max \$10.85/hr)		Hours/Week (Max 40 hr/wk)		Subsidy/Week (Paid monthly)
	x 50% =		x		=	

TRAINING SUPPORT INFORMATION

1. What type(s) of training will the successful candidate require? (point form)

2. Are you willing to work with program staff to develop a position-specific training plan?

☐ Yes

☐ No

3. Have you found a training provider to deliver the training required for the position?

☐ Yes (provide details below)

☐ No

Training provider name and contact information:

Expected training timeline:

Expected training cost: