

RUPERTSLAND INSTITUTE
 Apprenticeship Service Program Employer Application

Employer Information

Business Name:			
Legal Name of Business (if different):			
Mailing Address:	City/Town:	Province:	Postal Code:
Primary Telephone Number:		Alternate Number:	
E-mail Address:			
Location of Activity (if different from mailing address):			
Address:	City/Town:	Province:	Postal Code:
Name and Title of Contact Person:	Telephone Number (if different):	Fax Number (if different):	
E-mail Address (if different):		Organization Established: (yyyy/mm/dd)	
Major Service:	Size of Small to Medium Enterprise (SME):	GST Number:	

Legal Signing Officers for Agreement Purposes

Title	Name	Sample Signature

Insurance Coverage

What accident insurance do you have for employees? (Check appropriate item) <input type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Private Coverage (specify): _____ Do you have liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify coverage: _____		
<table border="1"> <tr> <td>Firm Number:</td> <td>Account Number:</td> </tr> </table>	Firm Number:	Account Number:
Firm Number:	Account Number:	

Employee Information

Job Title:
Wages:
Hours to be worked per week:

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Job Description: <u>Include as an Attachment</u>
Name of Employee if known:

Information on this form is collected under the authority of the Apprenticeship Service Program Agreement. It is used to determine program eligibility, to conduct program evaluation; and to fulfill contractual obligations with Employment and Social Development Canada. Rupert's Land Institute may disclose such information where we are legally authorized to do so.

Signature(s) (Required)

I/We certify the I/We have read and understand the information provided above. I/We declare that the information in this application is accurate.	
Applicant Name (please print):	Position:
Signature:	Date: yyyy/mm/dd
Applicant Name (please print):	Position:
Signature:	Date: yyyy/mm/dd