



**Columbia Basin Trust
Summer Works Program Application Form**

Use the amount of space provided to answer each question; be clear, succinct and use point form descriptions where possible.

For office use only

Date Application Received: _____

Section 1: Applicant Information

Name of Business

Total Number of Employees
(Note: Business must have fewer than 20 employees to qualify)

Business is: Private Business Social Enterprise

Legal Name of Business/Organization
(If different from above)

Mailing Address

City/Province

Postal Code

Telephone Number

Fax Number

Email Address

Website

Location where student will be working (if different from mailing address)

Business Number
(Revenue Canada)

Date Business was Established

Primary Contact Person

Telephone Number

Fax Number

Email Address

How did you hear about the Summer Works Program?
(Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Radio |
| <input type="checkbox"/> CBT Staff | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> CBT Website | <input type="checkbox"/> Other Website |
| <input type="checkbox"/> COTR Staff | <input type="checkbox"/> Other – please specify: |
| <input type="checkbox"/> COTR Website | _____ |

Insurance Coverage. Please indicate what type of insurance you have.

Liability: No Yes Firm: _____

Workers Compensation: No Yes

Account Number

Rate

Brief Description of the Business:

How will this position benefit your business?

Are you receiving a subsidy for student employment from a similar program?

(i.e. Canada Summer Jobs, YMCA/YWCA Eco Internships)

No Yes Or Applied but waiting for decision

Do you intend to hire for this position if this application is not successful?

No Yes

If yes, explain: _____

Will this position displace another employee?

No Yes

If yes, explain: _____

Section 2: Job Information

Please consult pages two and three of the Summer Works Program Application Guidelines for job and wage criteria.

Level of Employment you intend to hire for:
(Check one)

- Entry Level Job
(Subsidy \$7/hour, maximum 8 weeks)
- Career Related/Higher Skilled
(Subsidy \$8/hour, maximum 14 weeks)

Total Hourly Wage: _____

Does this wage reflect market rate?

- Yes
- No

If No, explain: _____

Hours per Week: _____

Anticipated Start Date dd/mm/yy

Anticipated End Date dd/mm/yy

Total Weeks

Subsidy Calculation

Total wage subsidy amount requested from CBT:

_____ weeks X _____ hours/week X subsidy (\$7 or \$8) = _____ (A)

Employer share of wages:

_____ weeks X _____ hours/week X _____(wage-subsidy) = _____ (D)

Mandatory Employer Related Costs (MERCs)

Indicate the percentage rates of EI, CPP, Vacation Pay and Worker's Compensation that you use to calculate your total percent of MERCs:

EI _____ + CPP _____ + Vacation Pay _____ + WCB (rate) _____ = _____%

Job Description

Job Title

Duties and Responsibilities:

Qualifications and Education Requirements:

Preferred Skills:

Will the student require any training before starting the position?

How will this position enhance the skills of the student?

How will the student be supervised?

Section 3: Declaration

I/We declare that:

- a) I/We have read and understood the information provided in this application package including the application guidelines;
- b) the information I/We have provided to the College of the Rockies in this application is true, accurate and complete in every respect;

I/We acknowledge that:

- c) if any of the information described above is false or misleading, the applicant may be required to repay some or all of the financial assistance that may be approved by the College of the Rockies;
- d) the College of the Rockies and Columbia Basin Trust and their agents shall not be obligated in any manner to any applicant whatsoever; and
- e) the College of the Rockies and Columbia Basin Trust reserves the right to fund all or none of any application submitted.

Applicant Name (Print)

Applicant Title

Applicant Signature

Date

Additional Applicant Information (if applicable):

Applicant Name (Print)

Applicant Title

Applicant Signature

Date

Applications may be mailed or faxed to:

Summer Works Program
College of the Rockies
Gold Creek Campus
Box 8500
Cranbrook, BC V1C 5L7
Fax: 250.489.0800

For More Information:

Phone: 250.489.2751 ext. 3644 or
Toll Free: 1.877.489.2687 ext. 3644
E-mail: summerworks@cbt.org