

2011/12 School 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 Organization

Total Number of Employees*

**Note: including management*

Applicant is:

Small Business
First Nation

Public body
Non-profit

Legal Name of Organization
(If different from above)

Mailing Address

City

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 Organization was Established

Primary Contact Person

Telephone Number

Fax Number

Email Address

How did you hear about the School Works Program?

(Please check all that apply)

Word of mouth
CBT Staff
CBT Website
COTR Staff
COTR Website

Radio
Newspaper ad
Newspaper article
Other Website
Other – please specify:

Insurance Coverage

Liability: Yes No

Firm: _____

Workers Compensation: Yes

Account
Number: _____

No, will
obtain prior
to student
starting
work

****Note: Those applicants who currently have WCB coverage are required to provide a Clearance Letter along with their application. This may be obtained at the following link:***

http://www.worksafebc.com/insurance/managing_your_account/clearance_letters/default.asp

Business Sector (Select most applicable)

Service
Retail
Hospitality/Tourism
Technology
Other

Manufacturing
Construction/Contractors
Forestry/Mining
Agriculture/Food Products

Non-profit/Public Sector (Select most applicable)

Government
Education
Environment
Social Service

Economic Development
Arts/Culture/Heritage
Tourism/Recreation
Other

Brief description of organization:

Expected Start Date dd/mm/yy: _____

Anticipated End Date dd/mm/yy: _____

Total # of Hours Applicant requires subsidy for over term of contract:
_____ (be specific)

Total # of weeks of employment: _____

**Projected Subsidy and Employer Costs
Calculation**

Total wage subsidy amount requested from the School Works program:

Total hours committed to _____ X subsidy (\$8) = _____

Employer share of wages* (**Note: Wages paid are to be based on current market rate*)

Total hours committed to _____ x (hourly wage minus \$8) = _____

Mandatory Employer Related Costs* (MERCs)

**MERCs include: EI, CPP, WCB and 4% Vacation Pay*

Approved applicants will also be reimbursed for MERC's. The MERC reimbursement will be calculated as part of the final claim process. Employers will be paid 7% for students under 18 and 12% for students over 18. This is due to the fact that Canada Pension Plan is not payable for employees under 18. Calculations for reimbursement will be based on the total wage subsidy claimed, not the total wage paid by the employer.

Job Description

Job Title

Duties and Responsibilities:

Qualifications and Education Requirements (please be specific) :

Preferred Skills:

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 2012 School Works Program 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;
- e) the College of the Rockies and Columbia Basin Trust reserves the right to fund all or none of any application submitted; and
- f) all information is collected pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act. The information provided will be used for administrative and evaluative purposes only.

Applicant Name (Print)

Applicant Title

Applicant Signature*

Date

Additional Applicant Information (if applicable):

Applicant Name (Print)

Applicant Title

Applicant Signature

Date

**Note: Unsigned applications will not be accepted*

Signed applications may be

Mailed to:

School Works Program
College of the Rockies
Gold Creek Campus
Box 8500
CRANBROOK, B.C. V1C 5L7

Address for Courier Delivery:

School Works program
College of the Rockies
Gold Creek Campus
1305 – 24th Avenue S.
CRANBROOK, B.C. V1C 6Y8

Faxed to: 250-489-0800

Emailed to: schoolworks@cbt.org

For more information please contact College of the Rockies.

Phone: 250.489.2751 ext. 3584 or **Toll Free:** 1.877.489.2687 ext. 3584

E-mail: schoolworks@cbt.org

You will receive an e-mail confirming receipt of your application.