

**Important Program Notes:**

- **MANITOBA MENTORSHIPS RESERVES THE RIGHT TO APPROVE OR REJECT PROPOSED POSITION(S) AND/OR EMPLOYEE(S) ON THE BASIS OF ITS OWN INDEPENDENT ASSESSMENT OF THIS APPLICATION.**
- Complete applications must be submitted at least two (2) weeks prior to the proposed start date for the position(s).
- Applications will be assessed upon receipt.
- The last day to submit applications for this program is 4:30 p.m., Friday, January 8, 2010.

**2009/2010 MANITOBA MENTORSHIPS EMPLOYER APPLICATION**

**SECTION A EMPLOYER INFORMATION**

PLEASE COMPLETE ALL SECTIONS

(Please Print or Type)

1. **EMPLOYER TYPE:**  BUSINESS  INSTITUTIONAL ORGANIZATION  COMMUNITY/NON-PROFIT

2. **FULL LEGAL NAME OF BUSINESS/ORGANIZATION:** (Corporation/Business/Person to whom the wage incentive is to be provided)

**OPERATING NAME OF BUSINESS/ORGANIZATION:** same as above

Is the business/organization currently in operation? Yes  No

Has your legal name changed in the past 12 months? Yes  No

If yes, please provide the previous legal name: \_\_\_\_\_

For larger organizations, please indicate department/branch/facility name: \_\_\_\_\_

3. **ADDRESS OF BUSINESS/ORGANIZATION:** Is this mailing address new within the past 12 months? Yes  No

operating address \_\_\_\_\_ town/city \_\_\_\_\_ postal code \_\_\_\_\_

mailing address – for all program correspondence \_\_\_\_\_ town/city \_\_\_\_\_ postal code \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

4. **NAME OF CONTACT PERSON:**

**ALTERNATE CONTACT PERSON (IF APPLICABLE):**

**POSITION WITH BUSINESS/ORGANIZATION:**

**POSITION WITH BUSINESS/ORGANIZATION:**

telephone \_\_\_\_\_

telephone \_\_\_\_\_

fax \_\_\_\_\_

fax \_\_\_\_\_

**SECTION B REQUESTED ASSISTANCE PERIOD**

1. MANTIOBA MENTORSHIPS will operate between September 8, 2009 and April 30, 2010 for university students and September 8, 2009 and June 18, 2010 for college students. Within this period you may apply for a maximum of 200 hours of wage incentive per position. Please be specific when requesting start dates, weeks and hours.

**Please note that employers are only eligible for wage incentives while the student is attending school full-time.**

Position Title: \_\_\_\_\_

PREFERRED START DATE	NUMBER OF WEEKS	ESTIMATED HOURS OF EMPLOYMENT PER WEEK	TOTAL HOURS OF ASSISTANCE REQUESTED (MIN 100) (MAX 200)	HOURLY WAGE TO BE PAID

2. **Have you submitted an application for funding assistance to another government wage subsidy employment program?**

Yes  No

If yes, please identify program: CareerFocus  Youth Serves Manitoba  Other  Indicate program: \_\_\_\_\_

If yes, was the requested assistance for the aforementioned position?

Yes  No  Not known at time of application

## SECTION C POSITION DESCRIPTION

NOTE: SHOULD YOU WISH TO APPLY FOR MORE THAN ONE POSITION, YOU MUST PHOTOCOPY AND SUBMIT SECTIONS B, C, D, & F FOR EACH POSITION.

1. **NAME OF EMPLOYEE'S DIRECT SUPERVISOR:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. **NAME OF PROSPECTIVE EMPLOYEE:** \_\_\_\_\_

3. **JOB SITE LOCATION:** \_\_\_\_\_

4. List the duties of the position and indicate approximate percentage of time spent on each.	% of Time

5. **Would this position belong in the computer or information technology sector?** Yes  No  Somewhat

**For example duties may include:**

- Plan, design, write, modify, integrate and test Web-site related code, software code or computer-based systems.
- Maintain existing computer programs by making modifications as required and assist in the development of logical and physical specifications.
- Conduct tests and perform security and quality controls. Identify and communicate technical problems, processes and solutions.
- Prepare reports, manuals and other documentation on the status, operation and maintenance of software
- Assist in the collection and documentation of user's requirements
- Develop Web site graphics, content, capacity and interactivity
- May research and evaluate a variety of software products
- Source, select and organize information for inclusion and design the appearance, layout and flow of the Web site.
- Perform routine network start up and close down and maintain control records.
- Perform data backups and disaster recovery operations
- Create and optimize content for the Web site using a variety of graphics, database, animation and other software.
- Operate computer-assisted design (CAD) and drafting workstations

6. **a) TRAINING REQUIREMENTS**

Please identify what training and mentorship will be provided to the student to assist them in performing the duties of the position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**b) Who will provide this training and act as a personal mentor for this student? Please list name(s) and position(s) with your organization.**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

**c) Please identify all safety training that will be provided to the employee.**

\_\_\_\_\_

\_\_\_\_\_

7. **What skills/training will the student gain through this position that will benefit him/her in the future? Please explain how this position relates to the student's career aspirations.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. **Will the position continue after the funding assistance period?** Yes  No

If yes, specify: full-time  part-time  casual

9. **Has an appropriate union representative concurred with the position being created and salary to be paid?**  
 Yes  No  Not applicable or position does not fall within the agreement
10. a) **Is the prospective employee an immediate family member (father, mother, guardian, brother, sister, spouse, child/ward, or relative permanently living in the same household) of the owner, hiring authority or any director of the business/organization?** Yes  No   
 If yes, specify relationship: \_\_\_\_\_
- b) **Does the perspective employee hold any financial interest in the business/organization?** Yes  No
- c) **Is this individual a board member or a member of the executive of your institution/organization?** Yes  No
11. **Was this application initiated by an educational institution (school or college)?** Yes  No
12. **Was this application initiated by the aforementioned student?** Yes  No

**SECTION D ADDITIONAL INFORMATION**

1. a) **Does the position presently exist on a part-time basis?** Yes  No   
 If yes, state employee's name and hours worked each week.  
 Name: \_\_\_\_\_ hours/week
- b) **If the position exists on a part-time basis, what will become of the present staff person?**  
 \_\_\_\_\_
2. **Please explain how the position is in addition to your regular and/or seasonal staff complement.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. a) **What are your daily hours of operation?** \_\_\_\_\_
- b) **What is your standard work week for your regular employees?** \_\_\_\_\_ hours/week
- c) **NOTE: MANITOBA STANDARD HOURS OF WORK ARE: 8 HOURS PER DAY, 40 HOURS PER WEEK. Employers wishing to extend or change these hours may apply to the Manitoba Labour Board for an Hours of Work (HW) Order. Overtime rates must be paid for all hours over standard hours of work. If you have been issued an HW Order, please indicate your HW Order Number and details on the extension or changes granted.**  
 HW ORDER NUMBER: \_\_\_\_\_  
 DETAILS: \_\_\_\_\_
4. **Indicate the number of staff currently employed by your business or organization (including owners).** \_\_\_\_\_
5. **Please provide any additional information you feel may assist the assessment committee to review your application.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. **CRA REGISTRATION NUMBER**
7. **WORKERS COMPENSATION NUMBER**
8. **Please describe type of business or service provided and specific activities engaged in.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. **Is the position you are proposing to create part of a project to be operated cooperatively with other organizations?**  
 Yes  No  If yes, please describe project and list each organization participating in the project.  
 \_\_\_\_\_

**SECTION E ENDORSEMENT**

**THIS SECTION *MUST* BE COMPLETED BY THE INSTRUCTOR ENDORSING THE PROPOSED WORK EXPERIENCE AS BEING CAREER-RELATED FOR THE NAMED EMPLOYEE. (Please Print)**

***NOTE: ENDORSING INSTRUCTOR CAN NOT ENDORSE POSITIONS THEY WILL BE RESPONSIBLE FOR OR ARE SUPERVISING.***

Instructor Name \_\_\_\_\_

School or Institution \_\_\_\_\_

Telephone \_\_\_\_\_

Mailing address \_\_\_\_\_

Town/City \_\_\_\_\_

Postal code \_\_\_\_\_

Please explain how this position provides the student (*name*) \_\_\_\_\_ with a career related work experience, mentorship and/or one-on-one training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher/Instructor

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION F CERTIFICATION – MANITOBA MENTORSHIPS 2009-2010**

- A. I, (print name) \_\_\_\_\_, hereby declare that I am the Applicant, or the authorized representative of the Applicant, named in the Employer Information Section of the Employer Application form.
- B. I have included with this application the position description(s) for which I am requesting program assistance. I understand that this and any subsequent position description(s) submitted by me and approved under the Program form part of this application.
- C. I understand that the officials responsible for Manitoba Mentorships have the authority to assess each application on its individual merits and will exercise their absolute discretion in determining the number of positions and amount of funding approved for each position.
- D. I understand that upon approval of this application, the legal entity or the individual, as the case may be, named in the Employer Information Section of the Employer Application undertakes to comply with all conditions as set out in the Manitoba Mentorships Employer Application Folder.
- E. I understand that the position(s) applied for under this Program must be in addition to regular and/or seasonal hiring and will have been created as a direct result of the financial incentive to be received through this program.
- F. I understand that if the Applicant named in the Employer Information Section fails to meet with any or all of the conditions as set out in the Manitoba Mentorships Employer Application Folder, the Applicant shall, upon request by the Government of Manitoba, be required to repay all funds paid to the Applicant.

Name of Owner or Authorized Official of Business/Organization (Please Print) \_\_\_\_\_

Position with Business/Organization \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

