



Employer Information

Section 1: Business Profile			
Company Name:		CRA Business Payroll Number	
Street Address	City	Postal Code	Telephone No.
			Email

Have you ever participated in any wage subsidy programs? Yes No
 If "Yes", then when: _____ With which organization? _____

Type of Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Not for Profit Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Broader Public Sector	Type of Business Service <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Primary (incl. Agri) <input type="checkbox"/> Other (Specify)	No. of Years in Business _____
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Size of Business <input type="checkbox"/> 1-10 employees <input type="checkbox"/> 11-50 employees <input type="checkbox"/> 51-500 employees <input type="checkbox"/> 500+ employees

Insurance Coverage – Copies of certificates/ policies must be attached

What accident insurance do you have for employees? (Check appropriate items) <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 _____
Workers Compensation WSIB (if registered) Firm Number _____ Account Number _____ Rate (per \$100) _____

Section 2: Verification
Copy of Insurance Certificate _____ Copy of Vacation Policy _____ Your company will be expected to either pay vacation pay or give lieu time. Please visit Ontario.ca/esatools. Verification of this will be requested during the agreement period.

Section 3: Declaration				
Note: Intentional falsification of information on this form may lead to termination from the program. I warrant that all information described above is, to the best of my knowledge, correct, and hereby consent to and authorize the release and disclosure of that information to representatives of Code Youth for the purposes of administering the program.				
<table border="1"> <tr> <td>Name:</td> <td>Title:</td> </tr> <tr> <td>Signature: X</td> <td>Date:</td> </tr> </table>	Name:	Title:	Signature: X	Date:
Name:	Title:			
Signature: X	Date:			

Internal Use Only (assessment of training opportunity/ worksite)
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