



WAGE SUBSIDY APPLICATION FORM Employment Services

Approved On:
 Client's Name:

Please submit the application to **kparsons@mcpei.ca** with “Wage Subsidy Application – [Your Business Name]” in the subject line.

*Along with this application, please attach a job description and brief work plan for this position.

SECTION A – Employer Information

Organization/Business/Community

Name:			
Address:			
City, Province:		Postal Code:	
Email:			
Phone:			
	Private		
	Federal Government		
	Provincial Government		
	First Nation Government		
	Municipal Government		
	Non-Profit Organization		
Nature of Organization/Business/Community:			
Revenue Canada Employer Number:			
How long has your organization been in operation:			
Do you have Workers Compensation coverage:		YES	NO

SECTION B – Job Information

Client Job Title:

Level of Education Required

- University
- College
- High School
- No formal education required
- Other

Are there any special certificates or training required for this position? If so, what are they?

1.	
2.	
3.	

Work Experience Required

- 1 – 5 years
- 5 – 10 years
- 10+ years
- None required

Please list any special equipment / clothing required for this position.

Pay Schedule

Hours per week (Max 37.5/ week):			
Is travel required as part of this position:		YES	NO
Anticipated Wage Rate per hour:			
Employers Contribution Per hour:			

Regular Pay Schedule		Is this position	
	Weekly		Full-time
	Bi-weekly		Part-time
	Other		Summer
			Seasonal

Start Date:		End Date:	
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Date of First Pay:		Location:	
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Name of Contact Person:	
Position:	
Signature:	