Aboriginal Peoples Training & Employment Commission

The Native Council of Nova Scotia’s Employment & Training division for

M’kmaq/Aboriginal Peoples residing off-reserve in Nova Scotia throughout traditional M’kmaq Territory

P.O. Box 1320, Truro, N.S. B2N 5N2 \* Tel: 902-895-1523 \* Fax: 902-895-0024

PROJECT / EMPLOYER INFORMATION SHEET

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ORGANIZATION TYPE (CHECK ONE)  PRIVATE  PUBLIC  NOT FOR PROFIT | | | | | | | |
| MAJOR PRODUCRTS OR SERVICES: | | | | | | | |
| CHECK ONE  BUSINESS  ORGANIZATION  AD HOC GROUP  OTHER (PROVIDE INFORMATION BELOW) | | | | | | | |
| LEGAL NAME | | | | | | | |
| MAILING ADDRESS | | | CITY/TOWN | | | | |
| PROVINCE | POSTAL CODE | | | | | AREA CODE / TELEPHOHE / CELL # | |
| EMAIL ADDRESS & WEBSITE | | | | | | | |
| WORKPLACE / PROJECT LOCATION ( IF DIFFERENT FROM ADDRESS) | | | | | | | |
|  | | | | | | | |
| NUMBER OF EMPLOYEES | | BUSINESS NUMBER | | INCORPORATION NUMBER | | | |
| REVENUS CANADA’S GST/HST NUMBER | | | | | Rebate (%) | | |
| LEGAL SIGNING OFFICERS FOR CONTACT PURPOSES  TITLE NAME SIGNATURE | | | | | | | |
|  | |  | |  | | | |
|  | |  | |  | | | |
|  | |  | |  | | | |
|  | |  | |  | | | |
| HOW MANY OF THE ABOVE SIGNATURE ARE REQUIRED TO BIND YOUR ORGANIZTAION INTO A LEGAL AFREEMENT? | | | | | | | |
| HOW MANY SIGNATURES ARE REQUIRED TO SIGN A CHEQUE OR MAKE A CLAIN ON BEHALF OF YOUR ORGANIZATION? | | | | | | | |
| INSURANCE COVERAGE  ACCIDENT INSURANCE  N/A  NONE  PRIVATE COVERAGE  LIABILITY INSURANCE  YES  NO  IF YES SPECIFIY  WORKERS COMPENSATIONJ  SCHEDULE I  SCHEDULE II  RATE (PER $100)  FIRM NUMBER       ACCOUNT NUMBER | | | | | | | |
|  | | | | | | | |
| COMPLETE BY  NAME:       SIGNATURE: | | | | | | | DATE: |



POSITION INFORAMTION ( Separate sheet must be completed for each position title)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| POSITION TITLE | | | | | | | |
| START DATE | END DATE | HOURS/WEEK | | HOURLY WAGE | | NUMBER OF EMPLOYEES REQUESTED FOR POSITION: | |
| WORK LOCATION | | | | | COUNTY | | |
| REQUIRED QUALIFICATIONS | | | | | | | |
| POSITION FUNCTIONS (CIRCLE NO LESS THAN 4 AND NO MORE THAN 10 OF THE MOST IMPORTANT TASKS/SKILLS THAT WILL BE LEARNED FROM THIS POSITION. | | | | | | | |
| ACCOUNTING | | | EVALUATING | | | | RECYCLING/CONSERVATION |
| ADVISING | | | EQUIPMENT MAINTENANCE | | | | REPORT WRITING |
| ANALYSING | | | FUNDRASING | | | | RESEARCH |
| AUDITING | | | GIS USE | | | | RESTORATION, ARTIFACT |
| BOOKKEEPING/PAYROLL | | | HORTICULTURE | | | | SILVICULTURE |
| BUDGETING | | | INSPECTING | | | | STATISTCAL ANALYSIS |
| CARTOGRAPHY | | | INTERPRETING | | | | SUMMARIZING |
| CHILD CARE | | | IT DESIGNED/DEVELOPMENT | | | | SUPERVISING |
| COMPUTER USE | | | LAB WORK | | | | SURVEY/TESTING |
| CONSTURCITON ADMINISTRATION | | | MARKETING/SALES.PUBLIC RELATIONS | | | | TAPING/FILMING |
| COORDINATING | | | OFFICE ASSISTANT | | | | THERAPY, OCCUPATIONAL |
| COUNSELLING | | | ORAL PRESENTATION | | | | THERAPY, PHYSICAL |
| CIRRICULUM DEVELOPMENT | | | ORGANIZING | | | | THERAPY. SPEECH/LANGUAGE |
| CUSTOMER SERVICE | | | PERFORMING (ACTING/MUSIC) | | | | TRANSLATION |
| DATA COLLECTION | | | PROGRAM ADMINISTRATION | | | | WORK WITH ELDERLY |
| DATABASE SOFTWARE USE | | | PROGRAM DEVELOPMENT | | | | WORK WITH MENTALLY/PHYSICALLY CHALLENGED |
| DRAFTING | | | RECREATION | | | | WORK WITH YOUTH/CHILD |
| BRIEFLY DESCRIBE IN THIS SPACE, THE SPECIFIC BENEFITS TO YOUR ORGANIZATION AND COMMUNITY THIS JOB WOULD PROVIDE. | | | | | | | |
| I BELIEVE THAT ALL THE INFORAMTION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I WILL COMPLY WITH ALL PROGRAM DEADLINES AND INFORAMTION PROVISIONS IF THE PROJECT IS APPROVED.  SIGNATURE OF CONTACT PERSON: DATE: . | | | | | | | |