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 COVERAGEACCIDENT INSURANCE [ ]  N/A [ ]  NONE [ ]  PRIVATE COVERAGELIABILITY INSURANCE [ ]  YES [ ]  NO [ ]  IF YES SPECIFIYWORKERS COMPENSATIONJ [ ]  SCHEDULE I [ ]  SCHEDULE II [ ]  RATE (PER $100)FIRM NUMBER       ACCOUNT NUMBER       |
|  |
| COMPLETE BYNAME:       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: . |