

**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	Type of Business Service	No. of Years in Business
<input type="checkbox"/> Private Sector <input type="checkbox"/> Not for Profit Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Broader Public Sector	<input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Primary (incl. Agri) <input type="checkbox"/> Other (Specify) _____	_____

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)**

N/A None Private Coverage (specify) _____

Do you have liability insurance?

Yes 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.	
Name:	Title:
Signature: X	Date:

Internal Use Only (assessment of training opportunity/ worksite)