



Mid Coast First Nations Training Society

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SUMMER STUDENT WORK EXPERIENCE APPLICATION FORM

Office Use Only:	Original Amendment #: _____	Date Received: _____ Date Reviewed: _____	File #: _____ P.O.: _____
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Project Name: _____

Date Submitted: _____ Activity Period From: _____ To: _____

Name of Employer: _____

Contact Person: _____

Mailing Address: _____
e-mail address: _____

Telephone Number: _____ Fax Number: _____

# of Secondary Students (S)	# of Post-secondary students (P/S)	Start Date(s)

MCFNTS CONTRIBUTIONS REQUESTED

Job Title	S	P/S	① # of Weeks	② Hrs per Week	①X②=③ Total Hrs.	④ Wage Per Hour	⑤ Subsidy Requested (max \$8.00)	⑥ Sponsor Contribution per Hour	③X④=⑦ Total
Total Wages									
③X⑤ = ⑧ Total MCFNTS Wages Requested									
CPP:		WCB:		EI:		VP:	4%	(EI+CPP+WCB+Vac. Pay)x⑧/100 =	Mandatory Employment Related Costs (MERCs)
Total MCFNTS Contributions									

SPONSOR CONTRIBUTIONS – use separate sheet if necessary

Total Sponsor Contributions		

TOTAL CONTRIBUTIONS

MCFNTS Requested		
Sponsor:		
Total Contributions		

Sponsor Signature _____

Position _____

Date _____

Subject to the attached Terms & Conditions, the Employer agrees that upon approval of the Employer's application, the Employer will provide the jobs, at the hourly wage subsidy, for the number of hours per week and for the number of weeks, all as described above and MCFNTS agrees to pay to the Employer in respect of the wage costs related to such jobs, a contribution not exceeding the amounts shown in the agreement.

The employer certifies that the proposed jobs would not be created without the contribution requested.