



CANADA SUMMER JOBS EMPLOYER AND EMPLOYEE DECLARATION

PROJECT NUMBER

Service Canada requires this document to validate the eligibility of the employee you have recruited.

This form **must be completed on the first day of work** for, and by, each employee hired through Canada Summer Jobs (CSJ) and **must be returned to Service Canada within seven days of the employee beginning employment.**

EMPLOYER DECLARATION			
(Please complete this section, then pass this form to the employee.)			
1. LEGAL NAME (AS PER THE CSJ AGREEMENT)			
2. ADDRESS		3. POSTAL CODE	4. TELEPHONE NUMBER

JOB INFORMATION				
5. START DATE (yyyy-mm-dd)	6. END DATE (yyyy-mm-dd)	7. JOB TITLE	8. HOURS PER WEEK	9. HOURLY RATE

I hereby declare that no preference was given to the selection of an employee who is a member of the immediate family of the recipient, an officer, or director of the recipient.

(Employer means the individual or organization receiving funding from Employment and Social Development Canada (ESDC) through Service Canada to employ the person described as "employee" below. The immediate family means father, mother, step-father, step-mother, foster parent, brother, sister, spouse or common-law partner, child (including child of common-law partner), step-child, ward, father-in-law, mother-in-law, or any relative permanently residing with the recipient, an officer, or director of the recipient.)

I hereby declare that I have read the health and safety brochure entitled "Are You in Danger?" produced by ESDC, and I understand the content. I have ensured that the employee has been given a copy of the health and safety brochure and has been informed of health and safety requirements related to her/his position. I believe that she/he also fully understands the content and requirements related to health and safety, and I will attest to that fact by signing below. As a recipient of funds from ESDC, I agree to take responsibility in maintaining a safe work environment for employees. ESDC has created awareness around my responsibilities regarding health and safety for youth in the work environment.

I have read and agree to the CSJ Articles of Agreement and the "Calculation of Approved Canada Summer Jobs Contribution Amount".

I certify that I am authorized to sign on behalf of the employer.

SIGNATURE	NAME AND TITLE (PRINT)	DATE (yyyy-mm-dd)
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EMPLOYEE DECLARATION											
10. SOCIAL INSURANCE NUMBER	11. FULL NAME	12. TELEPHONE NUMBER	13. BIRTH DATE (yyyy-mm-dd)								
14. NAME OF EDUCATIONAL INSTITUTION LAST ATTENDED		15. FIELD OF STUDY									
16. HIGHEST LEVEL OF EDUCATION COMPLETED <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> GRADE 8 OR LESS</td> <td><input type="checkbox"/> BETWEEN GRADES 9 AND 12</td> <td><input type="checkbox"/> GRADE 12 COMPLETED (SECONDARY SCHOOL)</td> <td><input type="checkbox"/> SOME NON-UNIVERSITY POST-SECONDARY EDUCATION (INCLUDING CEGEP)</td> </tr> <tr> <td><input type="checkbox"/> UNIVERSITY INCOMPLETE (1 OR MORE YEARS)</td> <td><input type="checkbox"/> BACHELOR DEGREE</td> <td><input type="checkbox"/> MASTER OR PHD INCOMPLETE</td> <td><input type="checkbox"/> MASTER OR PHD</td> </tr> </table>				<input type="checkbox"/> GRADE 8 OR LESS	<input type="checkbox"/> BETWEEN GRADES 9 AND 12	<input type="checkbox"/> GRADE 12 COMPLETED (SECONDARY SCHOOL)	<input type="checkbox"/> SOME NON-UNIVERSITY POST-SECONDARY EDUCATION (INCLUDING CEGEP)	<input type="checkbox"/> UNIVERSITY INCOMPLETE (1 OR MORE YEARS)	<input type="checkbox"/> BACHELOR DEGREE	<input type="checkbox"/> MASTER OR PHD INCOMPLETE	<input type="checkbox"/> MASTER OR PHD
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17. THIS IS MY FIRST WORK EXPERIENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		18. IN MY OPINION THIS JOB IS RELATED TO MY FIELD OF STUDY <input type="checkbox"/> YES <input type="checkbox"/> NO									
19. I WAS REGISTERED AS A FULL-TIME STUDENT IN THE PREVIOUS ACADEMIC YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO		20. I INTEND TO RETURN TO SCHOOL FULL-TIME IN THE UPCOMING ACADEMIC YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO									
21. MY RESIDENCY STATUS IS <input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> PERSON IDENTIFIED AS A REFUGEE UNDER THE IMMIGRATION AND REFUGEE PROTECTION ACT.											
22. IF YOU ARE NOT CURRENTLY A STUDENT, HOW LONG HAVE YOU BEEN OUT OF THE EDUCATION SYSTEM? <input type="checkbox"/> LESS THAN 6 MONTHS <input type="checkbox"/> 6 MONTHS TO 1 YEAR <input type="checkbox"/> OVER 1 YEAR <input type="checkbox"/> OVER 5 YEARS											





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The information collected in this form will be used to determine your eligibility for CSJ and for subsequent analysis, research or evaluation purposes. Completion of this form is mandatory.

ESDC, on behalf of the Government of Canada, is responsible for the evaluation of the Youth Employment Strategy (YES) programs in order to ascertain how beneficial these are to YES participants. In order to conduct the evaluation activities, your Social Insurance Number will be used to link your employment and income information from ESDC and other sources (i.e. Canada Revenue Agency for income level). Accurate information is essential for ESDC to evaluate the program and conduct participant surveys to ensure that the YES programs meet your needs. ESDC will also use this information for ESDC YES program file management and reporting of ESDC's YES program results.

The collection and use of your information by ESDC is allowed by the *Employment and Social Development Act*. The information collected and its retention period are described in the Personal Information Bank ESDC PPU 706.

The information is handled according to the *Privacy Act* which gives you the right to access and correct your personal information. Instructions for obtaining your information are available at the following website address: <https://www.tbs-sct.gc.ca/hgw-cgf/oversight-surveillance/atip-ai/prp/ai/atipir-dairp-eng.asp>.

EMPLOYEE CONSENT TO RELEASE INFORMATION

I, the undersigned, give my consent to release the information contained in this form regarding my participation in CSJ to ESDC. I acknowledge that the information is collected and administered in accordance with the *Privacy Act* and applicable privacy laws, and that it may be used to determine my eligibility for the YES program and provided to ESDC for the evaluation and accountability of the YES program.

I hereby declare that I have read the health and safety brochure entitled "Are You in Danger?" produced by ESDC, and I fully understand its content. My employer has informed me of what I need to know and what I can do to prevent accidents that would endanger my health and safety at work. As a young worker, I have the right to ask questions, receive information, and take part in actions that will help to make my work environment safer for everyone. I also have the right to refuse to do any work that I feel will put my health and safety in danger. As an employee, I agree to take responsibility in maintaining a safe work environment for my co-workers and myself. ESDC has made me aware of my rights and responsibilities regarding health and safety in the work environment.

I hereby declare that I am legally entitled to work in Canada in accordance with relevant provincial or territorial legislation and regulations and meet the eligibility criteria (Canadian citizen, permanent resident or person to whom refugee protection has been conferred under the *Immigration and Refugee Protection Act*)¹, and I am between the ages of 15 and 30 at the start of the employment.

¹International participants are not eligible. Recent immigrants are eligible if they are Canadian citizens or permanent residents.

23. EMPLOYEE PERMANENT ADDRESS (Street number, Street name, City, Province)

24. POSTAL CODE

25. a) EMAIL ADDRESS

25. b) CELLULAR NUMBER

SIGNATURE

DATE (yyyy-mm-dd)

INFORMATION ON EMPLOYMENT EQUITY (MANDATORY)

<p>26. GENDER</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p> <p><input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> DECLINE TO ANSWER</p>	<p>27. INDIGENOUS GROUP:</p> <p><input type="checkbox"/> REGISTERED ON-RESERVE <input type="checkbox"/> METIS</p> <p><input type="checkbox"/> REGISTERED OFF-RESERVE <input type="checkbox"/> INUIT</p> <p><input type="checkbox"/> NON-STATUS <input type="checkbox"/> DECLINE TO ANSWER</p> <p><input type="checkbox"/> N/A</p>	<p>28. MEMBER OF A VISIBLE MINORITY</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINE TO ANSWER</p>
		<p>29. PERSON WITH A DISABILITY</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINE TO ANSWER</p>
<p>30. RECENT IMMIGRANT * (see definition below)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DECLINE TO ANSWER</p>		<p>31. WHAT IS THE LANGUAGE THAT YOU FIRST LEARNED AND STILL SPEAK.</p> <p><input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH OTHER _____</p>

*Recent immigrant: is a person who has moved from their country of origin (their homeland) to another country to become a citizen of that country and has been in that country for less than 5 years.