



## 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 the CSJ Articles of Agreement, and I understand their content. I have ensured that \_\_\_\_\_ (*name of 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 workplace environment for employees. ESDC has created awareness around my responsibilities regarding health and safety for youth in the workplace.

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

SIGNATURE

NAME AND TITLE (PRINT)

DATE (yyyy-mm-dd)

### 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

☐ GRADE 8 OR LESS

☐ BETWEEN GRADES  
9 AND 12

☐ GRADE 12 COMPLETED  
(SECONDARY SCHOOL)

☐ SOME NON-UNIVERSITY POST-SECONDARY  
EDUCATION (INCLUDING CEGEP)

☐ UNIVERSITY INCOMPLETE  
(1 OR MORE YEARS)

☐ BACHELOR DEGREE

☐ MASTER OR PHD  
INCOMPLETE

☐ MASTER OR PHD

17. THIS IS MY FIRST WORK EXPERIENCE

☐ YES ☐ NO

18. IN MY OPINION THIS JOB IS RELATED TO MY FIELD  
OF STUDY

☐ YES ☐ NO

19. I WAS REGISTERED AS A FULL-TIME STUDENT IN THE  
PREVIOUS ACADEMIC YEAR

☐ YES ☐ NO

20. I INTEND TO RETURN TO SCHOOL FULL-TIME IN THE  
UPCOMING ACADEMIC YEAR

☐ YES ☐ NO

21. MY LEGAL STATUS IN CANADA IS

☐ CANADIAN CITIZEN

☐ PERMANENT RESIDENT

☐ PERSON TO WHOM REFUGEE PROTECTION  
HAS BEEN CONFERRED UNDER THE IRP ACT



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The information collected in this form will be used to determine your eligibility for CSJ and for subsequent evaluation and accountability 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 Banks: Evaluation and Data Development (HRSDC PPU 450), and Employment Benefits and Support Measures (HRSDC PPU293).

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 outlined in the government publication, entitled InfoSource, a copy of which is available online at <http://infosource.gc.ca>.

### EMPLOYEE CONSENT TO RELEASE INFORMATION

I \_\_\_\_\_ (*name of employee*), 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 workplace 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 workplace environment for my co-workers and myself. ESDC has made me aware of my rights and responsibilities regarding health and safety in the workplace.

**I hereby declare that I am legally entitled to work in Canada 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*)<sup>1</sup>, that I was a full-time student during the previous academic year, and that I intend to return to school full-time for the next academic year. I am between the ages of 15 and 30 at the start of the employment.**

<sup>1</sup>Foreign students are not eligible.

22. EMPLOYEE PERMANENT ADDRESS		23. POSTAL CODE
24. a) EMAIL ADDRESS	24. b) CELLULAR NUMBER	
SIGNATURE		DATE (yyyy-mm-dd)

**For statistical purposes only.** (If you decide not to provide information requested below, your eligibility to participate in CSJ will not be affected.)

25. GENDER  <input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE	26. PLEASE CHECK IF YOU ARE:  <input type="checkbox"/> ABORIGINAL  PLEASE SPECIFY  <input type="checkbox"/> REGISTERED ON-RESERVE <input type="checkbox"/> REGISTERED OFF-RESERVE <input type="checkbox"/> NON-STATUS  <input type="checkbox"/> METIS <input type="checkbox"/> INUIT	27.  <input type="checkbox"/> MEMBER OF A VISIBLE MINORITY  28.  <input type="checkbox"/> PERSON WITH A DISABILITY
29. WHAT IS THE LANGUAGE THAT YOU FIRST LEARNED AND STILL SPEAK.  <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH OTHER _____		