

**JOB CONNECT NL**  
**CAREER FOCUS WAGE SUBSIDY PROGRAM GUIDELINES and APPLICATION**  
(revised February 2018)

## **Introduction**

As the Career Focus Community Coordinator, we are currently accepting applications from employers to provide challenging career-related work experience to youth age 15-30. Job Connect NL matches employers and organizations with highly skilled graduates and provides funding through the Career Focus wage subsidy program to hire eligible applicants for full time employment in high demand occupations.

## **Program Objectives**

Job Connect NL aims to:

- increase the supply of highly qualified workers;
- facilitate the transition of highly-skilled young people to a rapidly changing labour market;
- promote the benefits of advanced studies; and,
- demonstrate federal leadership by investing in the skills required to meet the needs of the knowledge economy

## **Eligible Participants**

Participants are recruited by the funding recipients.

To participate in Job Connect NL, youth must be:

- between the ages of 15 and 30 (inclusive) at the time of intake/selection;
- out of school
- Canadian citizens, permanent residents, or persons who have been granted refugee status in Canada
- legally entitled to work according to the relevant provincial/territorial legislation and regulations
- not in receipt of Employment Insurance (EI) benefit
  - Participants must not be in receipt of EI. Priority will be given to non EI-eligible youth (i.e., not entitled to Part 1 or Part II benefits). EI recipients wishing to participate in a Job Connect NL - Career Focus project should consult an EI agent and voluntarily withdraw from EI.

## **Available Funding**

The Community Coordinator will pay directly to the employer wage assistance of 50 % of the actual wage paid, to a participant. The agreement will be 12 to 36 weeks in duration and will be negotiated based on each participant need. The participant must work a minimum of 30 hours per week for the employer to qualify for the assistance. The assistance will not be paid for hours worked in excess of the approved amount.

It is the employer's responsibility to ensure that students are paid at least the legislated minimum wage, and that the employer is paying at least 50 percent of the participant's wage. In addition, the employer is responsible for paying the following employee benefits: vacation pay, unemployment insurance and Canada Pension Plan premiums, and Workers' Compensation costs. No assistance to the employer is available through this program for materials, travel or other administrative costs associated with the placement.

## **Terms and Conditions, Application Procedures**

Approved applicants are expected to develop and maintain a work schedule for all participants. Work experiences will be supported by workplace coaching and/or mentoring, to maximize the benefit to be gained by the participant. The signed Career Focus reimbursement claim form will be returned to Job Connect NL, Prince Philip Drive Campus, P.O. Box 1693, St. John's, NL, A1C 5P7, on a monthly basis.

The Community Coordinator reserves the right to terminate any commitment made if the original proposals and objectives are not being met. The appropriate Job Connect NL staff also reserves the right to inspect the work of the students and associated records.

Enterprises interested in the Program may apply through Job Connect NL's office, Prince Philip Drive Campus. Contact information is included below:

Karen Mulrooney, Program Coordinator  
Career Focus Office  
College of the North Atlantic  
Prince Philip Drive Campus  
P.O. Box 1693  
St. John's, NL  
A1C 5P7

Phone: (709) 758-7388  
[karen.mulrooney@cna.nl.ca](mailto:karen.mulrooney@cna.nl.ca)  
[www.cna.nl.ca](http://www.cna.nl.ca)

## Job Connect NL Career Focus Wage Subsidy Application

Section A - Applicant Information:		
Name of Business:		
Name of Contact Person/Supervisor	Title:	
Mailing Address:		
City:	Province:	Postal Code:
Email:		
Area Code & Telephone Number	Fax:	
Location of Employment (If different from mailing address):		
Name of Financial Officer:	Position:	
Area Code & Phone Number	Email Address:	
Business Number:	Organization Type	Number of Employees
<p><b>Insurance Coverage:</b>            Accident: (None or Private Coverage) _____ Firm: _____            Liability: Yes <input type="checkbox"/> No <input type="checkbox"/> Firm: _____</p> <p><b>Worker's Compensation</b>            Are you registered Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<b>Please answer Yes or No to the following:</b>		
<p>1. Are there any employees on lay off and/or waiting a notice of recall?      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Will the subsidy result in the displacement of existing employees?      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Is there a labour stoppage or labour management dispute in progress?      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Is there a possibility of employment for the individual after the subsidy or work experience ends?      Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<b>Legal Signing Officers</b>		
How many Signatures are required to bind your organization into a legal agreement?		
Please provide Name, Title and Signature of the person(s) authorized to sign		
<b>Name</b>	<b>Title</b>	<b>Signature</b>

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<b>Section B – Budget and Job Description</b>		
Duration of Activity (# of weeks)	From (YYYY/MM/DD):	To (YYYY/MM/DD):
Name of Candidate (if Known)		Social Insurance Number
Expected Number of hours per week:	Hourly Wage	
Position Title		
<b>Job Description:</b>		
<b>Please provide a brief description of the employment activities which will take place during the period of funding.</b>		

I declare that:

- a) I have read and understood the information provided in this application package;
- b) The information I have provided to the Community Coordinator in this application and supporting documentation is true, accurate and complete.
- c) All benefits including vacation pay, employment insurance, Workers Compensation costs and Canada Pension costs, are understood to be the responsibility of the employer.
- d) If the information above is false or misleading, I the undersigned understand that I may be required to repay some or all of the financial assistance that may be approved by the Community Coordinator;
- e) I understand that since the funding for this project is in partnership with the Government of Canada that this information will be provided to the Government of Canada. All information will be administered in accordance with the Privacy Act and the Department of Employment and Social development Canada Act

Submitted by:

Name:	Position:
Signature:	Date:

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