

2017 Application

Summer Farm Employment Program

Providing Alberta Youth With Opportunities for Temporary Full Time Farm Work Experience

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| Application # |
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Please print clearly.

1. Employer Information

| | | | | |
|-----------------|--------------|-------------|---|-------------------------------------|
| Last Name | | First Name | | |
| Mailing Address | Town or City | Postal Code | Daytime Phone Number (including Area Code) | Fax Number (including Area Code) |

2. Is this your first year in the Program (circle one)

Yes No

3. Is the Gross Value of your farm \$25,000 or more? (circle one)

Yes No

4. What type of operation do you have? (e.g. cow/calf, forage, grain)

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5. ONLY IF DIFFERENT THAN THE EMPLOYER, please list the person who will be SUPERVISING the Employee.

Note: If you listed a Corporation as the Employer in Question 1 above, this section MUST be completed.

| | | | | |
|-----------------|--------------|-------------|--|---|
| Last Name | | First Name | | How is this person related to your farming operation? |
| Mailing Address | Town or City | Postal Code | | Daytime Phone Number (including Area Code) |

6. Please list your EMPLOYEE'S personal information (ALL sections MUST be complete).

| | | | | | | | | |
|-----------------|--------------------|---|-------------|--|--|--|----|--|
| Last Name | | First Name | | | Is Employee directly related to Employer (circle one) | | | |
| | | | | | Yes | No | | |
| Mailing Address | | Town or City | Postal Code | | | Daytime Phone Number (including Area Code) | | |
| Gender (circle) | Birthdate (MMDDYY) | Social Insurance Number (mandatory – Must be received by July 31/17 in order to qualify for program.) | | | | First Year in Program? (circle) | | IMPORTANT - Taxable Status It is assumed that the employee will be earning less than the Basic Personal Amount in 2017 and will therefore be automatically exempt from paying income tax |
| M F | | | | | | Yes | No | |

7. Please list your Employee's Next of Kin.

| | | | | | | | |
|-----------------|--|--------------|-------------|--|---------------------------------------|--|-------------|
| Last name | | First name | | | Relationship to Employee (circle one) | | |
| | | | | | Mother | Father | Other _____ |
| Mailing Address | | Town or City | Postal Code | | | Daytime Phone Number (including Area Code) | |

8. Please list the job duties and training opportunities you have for your Employee.

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9. Contract Agreement (please DISCUSS WITH YOUR EMPLOYEE and be as accurate as possible)

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|---------------------|-------------------|---------------------|-------------------------------|-------------------|-------------------|---|----|
| Start Date (MMDDYY) | End Date (MMDDYY) | Regular Hourly Rate | Overtime Rate (if applicable) | Estimated HRS/DAY | Estimated DAYS/WK | Is the Employee working F/T for the Employer prior to July 1st ? (circle one) | |
| | | \$ | \$ | | | Yes | No |

10. Declaration (BOTH parties MUST sign)

We declare that the information given above is accurate and true to the best of our knowledge. We acknowledge that submitting this application in no way guarantees funding. Upon written approval, the terms and conditions of this contract and all provisions of the Summer Farm Employment Program Guidelines become a legally binding agreement. **We have read and understand** the Program Guidelines of this agreement and agree to follow them.

Signature of Employer or Designate

Date

Employee Signature

This personal information is being collected to determine eligibility for Summer Farm Employment Program funding under the authority of the Government Organization Act. It is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Contact the Program Staff at 310 – FARM (3276) with any questions.

Check: Have all sections been completed in full?

If so, please fax this form to 403 742-7527. No original is required unless requested.