Alberta
Agriculture and Food

2008 Application

Agricultural Processing Industry Employment Program (APIEP)

Providing Temporary Full Time Career-Related Experience and Skill Training Opportunities in Alberta's Processing Industry for Post-Secondary Students

Please read the back of this form prior to completion. Also, please print clearly.

1. Employer Information

Company Name (please be accurate, including Ltd., Inc., etc.)	Size of Company (# of employees)		
	_____ 1-25	_____ 26-100	_____ Over 100
Mailing Address / City or Town / Postal Code / Fax Number			
Last Name and First Name of Contact Person *(i.e. Company Representative)* / Daytime Phone Number / E-mail address			
Please list the major products that the company produces/processes:			
Do the owners of this company own another agri-food business in Alberta? Yes _____ No _____ Will another company, business unit, or branch plant be submitting an application under the APIEP also? Yes _____ No _____			
How many years have you participated in this program?			

2. Employee Information (Information must be complete at time of application submission)

Last Name / First Name	Are you related to anyone working at the employing company? Yes _____ No _____
Mailing Address / City or Town / Province / Postal Code / Daytime Phone Number	
How many years have you participated in this program?	

3. Employee Emergency Contact Information

Last Name	First Name	Relationship to Employee	Daytime Phone Number

4. Employee's Education Details

Name and Location of Post Secondary Institution / Number of years completed as of this summer?	Returning to school in the Fall?
Faculty and Specialization / Is this a Degree, Diploma or Certificate?	Yes____ No ____

5. Employee Job Duties and Training Opportunities (please list in detail - attach a separate sheet if necessary)

6. How Will This Work Experience Benefit Your Employee's Career Development? (please be specific)

7. How Will The Company Benefit From Hiring A Student For The Summer?

8. Contract Information (please be as accurate as possible)

Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Hrs/Day	Days/Wk	Total weeks of continuous F/T employment	**Gross monthly** wage	Is the employee working F/T for the employer p**rior** to the start date of the program? Yes ____ No _____

9. Declaration

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 Agricultural Processing Industry 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 Company Representative | Date | Student Signature | Date

Questions? Call Program Staff at 310-FARM (3276)

This personal information is being collected to determine employer and employee eligibility for Agricultural Processing Industry 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. If you have any questions, please contact the Program Coordinator at 310-FARM (3276).

Check: *Have all sections been completed in full?* If so, please **fax to 403-742-7527. Original can be mailed.** Thank you.

Revised 01/08

White copy: AAFRD Yellow copy: Employer Pink copy: Employee