

2019 Application Summer Farm Employment Program

Please read the program guidelines before completing this form. Please print clearly.

1. Employer Information

Last Name		First Name		
Mailing Address	City or Town	Postal Code	Daytime Phone No. (including Area Code)	Fax No.
Email Address:				
2. Is this your first year in the program? (Circle one)		3. Is the Gross Value of your farm \$25,000 or more? (Circle one)		
Yes No		Yes No		
If no, then how many years have you been participating in this program?				

4. Employee (Information must be as complete as possible at time of application submission).

Last Name		First Name		
Mailing Address	City or Town	Province	Postal Code	Phone Number
Birthdate (MMDDYY)		Is Employee directly related to Employer (Circle)		
		Yes	No	

5. Employee Emergency Contact Information

Last Name	First Name	Relationship to Employee	Phone Number
-----------	------------	--------------------------	--------------

6. What Type of Operation do You Have? (e.g. cow/calf, forage, grain etc)

--

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

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

Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Hrs/Day	Days/Wk	Total wks of continuous F/T employment	Gross monthly wage	Is the employee working F/T for the employer prior to the start date of the program? (Circle)
						Yes No

9. Declaration

<p>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.</p>			
Signature of Employer	Date	Student Signature	Date

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

Note: This personal information is being collected to determine employer and employee eligibility for the Summer Farm Work Experience Program funding under the Authority of Section 33 of the Freedom of Information and Protection of Privacy 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 or email MaryAnn.Nelson@gov.ab.ca. Thank you.