SUMMER WORK EXPERIENCE
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 Summer Work Experience (SWE) 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 SWE 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 SWE 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	18. IN MY OPINION THIS JOB IS RELATED TO MY FIELD OF STUDY	19. I WAS REGISTERED AS A FULL-TIME STUDENT IN THE PREVIOUS ACADEMIC YEAR
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

20. I INTEND TO RETURN TO SCHOOL FULL-TIME IN THE UPCOMING ACADEMIC YEAR	21. MY RESIDENCY STATUS IS
☐ YES ☐ NO	☐ CANADIAN CITIZEN ☐ PERMANENT RESIDENT ☐ PERSONE TO WHOM REFUGEE PROTECTION HAS BEEN CONFERRED UNDER THE IRP ACT

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The information you provide on this form is collected under the authority of section 7 of the Department of Employment and Social Development Act for the purposes of determining your eligibility to participate in the Youth Employment Strategy program. The Social Insurance Number (SIN) is collected in accordance with the Treasury Board Directive on Social Insurance Number which lists the Youth Employment Strategy as an authorized user of the SIN. The SIN will be used for determining your eligibility to participate.

Participation in the Youth Employment Strategy is voluntary. Refusal to provide information will result in you not being eligible to participate. The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

Your personal information is administered in accordance with the Department of Employment and Social Development Act, the Privacy Act and other applicable laws. You have the right to the protection of, and access to, your personal information, which is described in the Personal Information Banks ESDC PPU 298. Instructions for obtaining your information are available at the following website address: https://www.tbs-sct.gc.ca/hgw-cgf/oversight-surveillance/atip-aiprp/ai/atipir-dairp-eng.asp.

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 SWE 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)*[1], 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.

[1]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)

Information on employment equity (Mandatory)

25. GENDER

☐ MALE ☐ FEMALE ☐ OTHER ☐ DECLINE TO ANSWER

26. MEMBER OF A VISIBLE MINORITY

☐ YES ☐ NO ☐ DECLINE TO ANSWER

27. PERSON WITH DISABILITY

☐ YES ☐ NO ☐ DECLINE TO ANSWER

28. INDIGENOUS GROUP

☐ REGISTERED ON-RESERVE ☐ REGISTERED OFF-RESERVE ☐ NON STATUS ☐ METIS ☐ INUIT ☐ N/A ☐ DECLINE TO ANSWER

29. NEW IMMIGRANT *

☐ YES ☐ NO ☐ DECLINE TO ANSWER

30. WHAT IS THE LANGUAGE THAT YOU FIRST LEARNED AND STILL SPEAK?

☐ ENGLISH ☐ FRENCH

OTHER _____

* New Immigrant: is a person who has moved from their country of origin (their homeland) to another country to become a citizen of that country and has been in that country for less than 5 years.

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☐ Initial result upon completion

Participant **Did Not Complete** the Intervention		Participant **Completed** the Intervention	
Reason	Date of Early Temination	Participant is Now	Date of Completion
☐ Abandoned	_____ **(yyyy-mm-dd)**	☐ Return to school / Stay in school	_____ **(yyyy-mm-dd)**
☐ Employed / Self-employed		☐ Cannot be reached	
☐ Cannot be reached		☐ Other (p.ex. congé de maternité)	_____
☐ Return to school / Stay in school			
☐ Other (e.g. maternity leave _____			

ESDC USE ONLY

Date Received **(yyyy-mm-dd)**	Date of Entry **(yyyy-mm-dd)**	Name
_____	_____	_____