

Date: \_\_\_\_\_

**A. Contact Information**

MNBC applicant name: \_\_\_\_\_

Employer applicant organization: \_\_\_\_\_

Employer address: \_\_\_\_\_

WorkSafeBC registration: \_\_\_\_\_

Registered business number: \_\_\_\_\_

Employer contact: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

**B. Employment terms**

Hours per week: \_\_\_\_\_ \*(Minimum of 20 hours and maximum of 40 hours)

Hourly wage: \_\_\_\_\_ \*(must not be less than the Minimum wage in BC \$15.65)

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Duration in months: \_\_\_\_\_ \*(Minimum of 2 months and maximum of 6 months)

Number of weeks in requested duration: \_\_\_\_\_

**C. Wage Subsidy Program Payment Details**

(50% of the regular wages paid up to \$5 above the BC minimum hourly wage (\$15.65 p/hr since June 1, 2022))

Weekly hours x Hourly wage (Max eligible rate = \$10.32) x Number of week requested

Weekly hours                  Hourly wage                  Number of weeks requested

Total eligible Employment Placement Support in \$:



**D. Declarations** (Accepted by employer and employee).

I declare that all the information given in this application form is true, complete, and factual;

I understand that should full and accurate disclosure of information not be made, I agree to reimburse MNBC the full value of support, funding or otherwise;

I understand that this application does not obligate MNBC to approve support, funding or otherwise;

I declare that the employee/client is a new hire and not a former or existing employee. Failure to comply may result in repayment and/or ineligible to the program;

I acknowledge MNBC and its STEPS programs collect personal and financial information to assess eligibility and qualification for support;

I acknowledge that I will send monthly timesheets and paystubs within 30 days after each month-end for reimbursement.

I acknowledge that my personal information is being collected and administered in accordance with relevant federal and provincial laws and regulations, that it will be provided to the funder(s) for the evaluation and accountability of the STEPS programs; that it may be used to determine my eligibility for funding; and that I have the right to file a complaint with the Privacy Commissioner of Canada and/or BC in the event that I am not satisfied with the handling of my personal information.

\_\_\_\_\_  
MNBC applicant name (Print)

\_\_\_\_\_  
MNBC applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer representative (Print)

\_\_\_\_\_  
Employer representative signature

\_\_\_\_\_  
Date

**E. Checklist:**

Signed application form by client and employer

MNBC applicant **MUST** accompany this joint application with a completed STEPS Application, including all supporting documentation

Approved contract signed by the employer and client prior to the employee's start date

Void cheque or direct deposit form from employer for EFT

