

**CAREER EMPLOYMENT MATCH PROGRAM**  
“A Summer Employment Program for Post-Secondary Students”

**Attention Treaty #3 Post Secondary Students**

If you are up to 30 years of age, currently attending a recognized post-secondary institution and your plans include looking for a job for the summer, inquire about the **Career Employment Match Program**. This program is intended to provide you an opportunity to work in a field related to your specific field of study. Enclosed is further information about the program guidelines and criteria. Please read them carefully to ensure that you meet eligibility guidelines.

**1. What is my first step?**

*Find an employer who can provide you with the work experience related to your field of study and able to provide supervision and mentorship. Have the attached program description available for the employer to review. You will need to market yourself so that you are successful in convincing an employer to hire you through the Career Employment Match Program. Contact one of our Employment and Training Centres listed below for guidance on job-search skills.*

**Ozhibiigewigamig Employment and Training Centre**  
Unit 14 – 308 Second Street South  
Kenora, ON  
(807) 467-3090  
[youth@shooniyaa.org](mailto:youth@shooniyaa.org)

**Anokiwin Office of Shooniyaa Wa-Biitong**  
401 Mowat Avenue  
Fort Frances, ON  
(807) 274-0090  
[anokiwin@shooniyaa.org](mailto:anokiwin@shooniyaa.org)

**2. What happens after I find an employer and the employer has agreed to hire me under the Career Employment Match Program?**

*If the employer has agreed to hire you, you have to complete the attached **Student application** form. The employer is also required to complete the attached **Employer application** form. The employer can contact Shirley Kelly, Program Supervisor (807) 468-2030 or 1-800-545-5113, should there be any questions on the program or application process.*

**3. When is the deadline to submit my application and the employer's application?**

*The deadline for submitting applications is **April 17, 2015**. You will need to submit **both** your **student application** with the accompanying **employer application** in order for your application to be reviewed.*

**4. When will I or my employer be notified of a decision that the funding is approved to hire me?**

*Your employer will receive an official approval letter to hire you by April 24, 2015, should your application be approved.*

**5. What are my chances for receiving funding?**

*There is limited funding, not all eligible applications may receive funding. Applications may be approved at a lesser amount or lesser number of weeks.*

Summer 2015

## CAREER EMPLOYMENT MATCH PROGRAM

### “A Summer Employment Program for Post-Secondary Students”

**Objective:** To provide summer employment opportunities to Treaty 3 post-secondary students in career-related employment in their specific field of study.

#### Application Guidelines and Criteria:

- Employment must be related to student's career goals and field of study;
- Student must be attending a recognized post-secondary institute and provide a letter of verification stating the year of study completed in the spring of 2015;
- Students must take initiative of finding a suitable employer;
- Students must register online as a *jobseeker* through Shooniyaa Wa-Biitong's Anokiiwin Job Connect website: [www.shooniyaajobconnect.com](http://www.shooniyaajobconnect.com) and submit resume with program application;
- Employers must register as an *employer* online through Shooniyaa Wa-Biitong's Anokiiwin Job Connect website: [www.shooniyaajobconnect.com](http://www.shooniyaajobconnect.com). Please contact one of the Shooniyaa Wa-Biitong offices if you require assistance.
- Mandatory Employment Related Costs are eligible if employer is non-profit and additional costs to cover WSIB or private insurance coverage;
- Employment can take place anytime between **May 4, 2015 to August 21, 2015** for a maximum of 16 weeks.
- Approved Wage rate to be determined by the year of study completed in spring of 2015, by the following chart, based on 35 hours per week;

|                          |         |
|--------------------------|---------|
| Completion of Year One   | \$11.00 |
| Completion of Year Two   | \$12.00 |
| Completion of Year Three | \$13.00 |
| Completion Year Four     | \$14.00 |
| Completion of Year Five  | \$15.00 |

#### Students who are eligible:

- Must have completed at least one year of full-time post-secondary studies and be resuming full-time studies in the fall or graduating in 2015;
- Must be a Treaty #3 member up to 30 years of age at time of application;
- Must be available to attend Shooniyaa Wa-Biitong sponsored events, such as participating in a career fair and a presentation at a local high school.

#### Employers who are eligible:

- Non-profit or private sector;
- Must have been in operation for at least 6 months and be able to provide evidence;
- Must have third party liability insurance or WSIB;
- Must be able to provide quality work experience, guidance, training and supervision;
- Must agree to allow student to attend Shooniyaa Wa-Biitong sponsored events;
- The employer is in satisfactory standing with Shooniyaa Wa-Biitong – i.e. previous or current project files are in good standing.

Summer 2015

**Assessment:**

All applications will undergo an assessment process. Assessment criteria may include the following:

- Student and Employer meet eligibility criteria;
- The value of the work experience being provided;
- The employment matches the career/educational field of the student;
- Availability of program funds.

**Deadline for Applications is April 17, 2015**

Contact one of our Employment and Training Centres listed below for assistance with your job search

**Ozhibii'igewigamig Employment and Training Centre**  
Unit 14 – 308 Second Street South  
Kenora, ON  
(807) 467-3090  
[youth@shooniyaa.org](mailto:youth@shooniyaa.org)

**Anokiiwin Office of Shooniyaa Wa-Biitong**  
401 Mowat Avenue  
Fort Frances, ON  
(807) 274-0090  
[anokiiwin@shooniyaa.org](mailto:anokiiwin@shooniyaa.org)

Contact Shirley Kelly, Program Supervisor, at 1-800-545-5113 or (807) 468-2030 for further information about the program or application process.

Mail, fax or deliver your application package to:

**Shooniyaa Wa-Biitong**  
Employment and Training Centre  
580 Lakeview Drive, P.O. Box 2909  
Kenora, Ontario P9N 3X8  
Fax: (807) 468-1813

Faxed applications will be accepted for deadline purposes; however the original applications will be required for processing.

Summer 2015

**CAREER EMPLOYMENT MATCH PROGRAM**  
**"A Summer Employment Program for Post-Secondary Students"**

**Student Application Form**

*To be completed by Student and attached with Employer Application*

Protected when completed

**Official Use Only:**

File: / / / / / / / /

Shooniyaa Wa-Biitong is committed to respecting your privacy and protecting your personal information. This document and the information in it are provided in confidence, for the sole purpose of Shooniyaa Wa-Biitong, and may not be disclosed to any third party or used for any other purpose without the express written purpose of the participant.

**PART A – STUDENT INFORMATION**

|             |                    |            |
|-------------|--------------------|------------|
| First Name: | Middle Initial(s): | Last Name: |
|-------------|--------------------|------------|

|                 |            |
|-----------------|------------|
| Mailing Address | Telephone: |
|-----------------|------------|

|            |           |              |                |
|------------|-----------|--------------|----------------|
| City/Town: | Province: | Postal Code: | Email Address: |
|------------|-----------|--------------|----------------|

|                                                |                 |                                      |     |                                                                          |
|------------------------------------------------|-----------------|--------------------------------------|-----|--------------------------------------------------------------------------|
| <b>Social Insurance Number:</b><br>MANDATORY → | / / / / / / / / | <b>Date of Birth:</b><br>MANDATORY → | / / | Gender: <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
|------------------------------------------------|-----------------|--------------------------------------|-----|--------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                      |                                |                                                                                                                        |                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Marital Status:<br><input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced<br><input type="checkbox"/> Separated <input type="checkbox"/> Single Parent<br><input type="checkbox"/> Married or Equivalent | Number of Dependents:<br>_____ | Do you consider yourself to be a person with a disability?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Primary Language Spoken:<br><input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Aboriginal language(s)<br>Specify (If Aboriginal): _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                             |                                                                                      |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Aboriginal Type:<br><input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Inuit <input type="checkbox"/> Metis<br><input type="checkbox"/> Registered (Status) Indian <input type="checkbox"/> Non-Status Indian | If Registered (Status) Indian, please state the First Nation you belong to:<br>_____ | Do you reside on a First Nation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

**PART B – POST-SECONDARY INFORMATION**

|                         |                                                |                |                           |
|-------------------------|------------------------------------------------|----------------|---------------------------|
| Program/Field of Study: | Name of Post-Secondary Institute and Province: | Date Began:    | Expected Completion Date: |
|                         |                                                | / /            | / /                       |
|                         |                                                | MM    DD    YY | MM    DD    YY            |

|                            |        |                                                                                                                                          |
|----------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------|
| Post-Secondary Counsellor: | Phone: | Year of Study Completed: (Please provide letter of verification from post-secondary counsellor or school official)                       |
|                            |        | ( ) 1 <sup>st</sup> Year    ( ) 2 <sup>nd</sup> Year    ( ) 3 <sup>rd</sup> Year    ( ) 4 <sup>th</sup> Year    ( ) 5 <sup>th</sup> Year |

**PART C – EMPLOYMENT DETAILS**

Describe in summary form how the employment experience to be provided by the employer will match the field of study that you are currently studying.

**Shooniyaa Wa-Biitong Training & Employment Centre For the Treaty No. 3 Area**  
 P.O. Box 2909, Kenora, Ontario, P9N 3X8 • Phone: (807) 468-2030 • Fax: (807) 468-1813 • Toll Free: 1-800-545-5113

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                   |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|-----------------------------------------------------------------|
| Name, Address & Phone Number of Employer: (Attach employer application)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Name of Contact Person/Supervisor:                                |                                                                 |
| Job Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Start Date of Employment:<br>____ / ____ / ____<br>MM    DD    YY | End Date of Employment:<br>____ / ____ / ____<br>MM    DD    YY |
| <b>PART D: CONSENT AND DECLARATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                   |                                                                 |
| <p>I, _____, hereby declare that I am legally entitled to work in Canada, that I was a full-time student during the preceding academic year, and that I intend to return to school full-time the upcoming academic year. I certify that I am not a member of the employer's immediate family or of the corporation senior officer or director. I do not have any other full-time jobs (i.e. 30 hours or more per week) for the duration specified above. I consent to the use of my information for the database and future referral to potential employers.</p> <p>I certify that the above information is accurate and true to the best of my knowledge. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.</p> <p>I hereby consent to the release of my information confirming my status as a student and band membership affiliation. By signing this consent form, I grant permission to release of my name and photograph to be published as a participant of the Career Employment Match Program.</p> |  |                                                                   |                                                                 |
| Participant's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                   | Date:                                                           |

**Under the Privacy Act, the personal information collected on this form may be accessed by the participant.**

**Please ensure that you have completed the following steps and enclosed all supporting documentation as follows:**

1. A copy of your most recent resume
2. A letter of verification from your post-secondary counsellor or school official
3. Registered as a job seeker on Shooniyaa Wa-Biitong's online job bank, Anokiwin Job Connect, at [www.shooniyajobconnect.com](http://www.shooniyajobconnect.com)
4. Attached Employer Application

**Official Use Only:**

|                 |                |
|-----------------|----------------|
| Intake Officer: | Date Received: |
|-----------------|----------------|

**CAREER EMPLOYMENT MATCH PROGRAM**  
**"A Summer Employment Program for Post-Secondary Students"**

**Employer Application Form**

Protected when completed

**PART A – EMPLOYER INFORMATION**

|                           |                             |                                 |                                                                                                   |
|---------------------------|-----------------------------|---------------------------------|---------------------------------------------------------------------------------------------------|
| Common Name of Applicant: |                             | <i>Official Use Only:</i>       |                                                                                                   |
|                           |                             | File: / / / / / / / /           |                                                                                                   |
| Legal Name of Applicant:  |                             | Type of Services/Products:      |                                                                                                   |
| Mailing Address:          |                             | Telephone:                      | Fax:                                                                                              |
| City/Town:                | Province:                   | Postal Code:                    | <input type="checkbox"/> Profit<br><input type="checkbox"/> Non-Profit – Years in Business: _____ |
| Contact Person:           | Revenue Canada Taxation No. | Registration/Charter No. & Date |                                                                                                   |

**PART B – EMPLOYMENT DETAILS**

|                  |              |                                                                                                                   |                               |
|------------------|--------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Name of Student: |              | Location of Employment Activity: <i>(Please provide attach evidence of Liability Insurance and WSIB coverage)</i> |                               |
| Hours per week:  |              | Rate per hour:                                                                                                    |                               |
| Number of Weeks: | Start Date:  | End Date:                                                                                                         | Total Contribution Requested: |
|                  | MM / DD / YY | MM / DD / YY                                                                                                      | \$                            |

**PART C – JOB DUTIES**

Describe in summary form what the work experience will entail describing task and responsibilities, including the title of the position, and a supervision and mentoring plan. Please attach supporting documentation.

**Job Title:**

**A summary of Tasks and Responsibilities:**

**Shooniyaa Wa-Biitong Training & Employment Centre For the Treaty No. 3 Area**  
 P.O. Box 2909, Kenora, Ontario, P9N 3X8 • Phone: (807) 468-2030 • Fax: (807) 468-1813 • Toll Free: 1-800-545-5113

**Supervision and Mentoring Plan:**

**PART D – BUDGET** (all budget amounts must be rounded to the nearest dollar)

| (a)<br>Job Title                              | (b)<br>Number of students requested | (c)<br>Anticipated start date (MM/DD/YY) | (d)<br>Number of weeks | (e)<br>Number of hours per week | (f)<br>Total number of hours ((dxe)xb) | Wages                                        |                         | Not-for-profit employers only<br>(i)<br>MERCs** requested | (j)<br>Total contribution requested from SWB* ((fxh)+i) | (k)<br>Total employer contribution (Wage and MERCs if applicable) |
|-----------------------------------------------|-------------------------------------|------------------------------------------|------------------------|---------------------------------|----------------------------------------|----------------------------------------------|-------------------------|-----------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|
|                                               |                                     |                                          |                        |                                 |                                        | (g)<br>Hourly wage to be paid to the student | (h)<br>SWB* hourly wage |                                                           |                                                         |                                                                   |
|                                               |                                     |                                          |                        |                                 |                                        |                                              |                         |                                                           |                                                         |                                                                   |
|                                               |                                     |                                          |                        |                                 |                                        |                                              |                         |                                                           |                                                         |                                                                   |
| <b>TOTAL</b>                                  |                                     | N/A                                      | N/A                    | N/A                             |                                        | N/A                                          | N/A                     |                                                           |                                                         |                                                                   |
| <b>Official Use Only:<br/>Approved Amount</b> |                                     |                                          |                        |                                 |                                        |                                              |                         |                                                           |                                                         |                                                                   |

\*Shooniyaa Wa-Biitong

\*\*Mandatory Employment Related Costs

**PART E – SIGNATURE AND DECLARATION**

Once completed and submitted, this Career Employment Match Application, if approved by Shooniyaa Wa-Biitong, will form the agreement between Shooniyaa Wa-Biitong and the organization. The organization will then be subject to the attached Employment and Training Agreement. The organization agrees under this agreement to provide the jobs at the hourly wage rate, for the number of hours per week and the number described in the above budget, or approved amount by Shooniyaa Wa-Biitong.

**I HAVE READ AND UNDERSTOOD THE APPLICATION AND THE ATTACHED SHOONIYAA WA-BIITONG EMPLOYMENT AND TRAINING AGREEMENT AND DECLARE THAT THE JOB WOULD NOT BE CREATED WITHOUT THE FINANCIAL ASSISTANCE PROVIDED THROUGH THIS AGREEMENT. I CONSENT TO THE USE OF THIS INFORMATION TO THE SHOONIYAA WA-BIITONG ANOKIWIN EMPLOYER DATABASE.**

**WE CERTIFY THAT EACH JOB TO BE CREATED FOR A PARTICIPANT IS IN ADDITION OF EMPLOYMENT FOR THE PERIOD AND THAT ALL INFORMATION ON THIS APPLICATION IS ACCURATE. IN ADDITION, BY SIGNATURE OF THE APPLICATION, WE WILL ABIDE BY THE PROGRAM TERMS AND CONDITIONS.**

|                      |           |            |       |
|----------------------|-----------|------------|-------|
| Name: (Please Print) | Position: | Signature: | Date: |
| Name: (Please Print) | Position: | Signature: | Date: |

**Shooniyaa Wa-Biitong Training & Employment Centre For the Treaty No. 3 Area**  
 P.O. Box 2909, Kenora, Ontario, P9N 3X8 • Phone: (807) 468-2030 • Fax: (807) 468-1813 • Toll Free: 1-800-545-5113

| PART F – FINANCIAL RECORDS                                                                                             |                    |                        |                  |              |
|------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|------------------|--------------|
| Name of Person Responsible for Maintaining Book-keeping and Financial Records:                                         |                    | Telephone No. Business | Fax No. Business |              |
| Name of Bank:                                                                                                          | Account Number(s): |                        | Type of Account: |              |
| Address:                                                                                                               |                    | City:                  | Province:        | Postal Code: |
| LEGAL SIGNING OFFICERS (those who have legal authority to sign the contract, amendments, financial reports, etc.)      |                    |                        |                  |              |
| Title:                                                                                                                 | Name:              | Signature              |                  |              |
| 1.                                                                                                                     |                    |                        |                  |              |
| 2.                                                                                                                     |                    |                        |                  |              |
| 3.                                                                                                                     |                    |                        |                  |              |
| 4.                                                                                                                     |                    |                        |                  |              |
| How many of the above signatures, and in what combination are required to bind your organization in a legal agreement? |                    |                        |                  |              |
|                                                                                                                        |                    |                        |                  |              |

**Official Use Only:**

|                                  |                |
|----------------------------------|----------------|
| Intake Officer:                  | Date Received: |
| Approval Authorization Signature | Date           |



## EMPLOYMENT AND TRAINING AGREEMENT

BETWEEN

SHOONIYAA WA-BIITONG TRAINING AND EMPLOYMENT CENTRE FOR THE TREATY NO. 3 AREA  
P.O. 2909, Kenora, Ontario P9N 3X8  
(Hereinafter called "Shooniyaa Wa-Biitong")

AND

The Employer identified as the "Legal Name of Employer" on the attached "Career Employment Match Program – Application"  
(Hereinafter called the "Employer")

Whereas SHOONIYAA WA-BIITONG wishes to encourage Employers to hire post-secondary students seeking career related work experience related to their field of study under the Career Employment Match Program.

The EMPLOYER hereby agrees that the intent of the Career Employment Match Program is to support the educational and career goals of the student by providing her/him with an opportunity to work under the guidance of the EMPLOYER and providing her/him with meaningful career related job duties.

Now, therefore, SHOONIYAA WA-BIITONG and the EMPLOYER agree as follows:

### 1.0 THE WORK ACTIVITY

- 1.01 The EMPLOYER agrees to hire the worker listed in the application and provide her/him with the work experience as described in application.
- 1.02 The EMPLOYER shall provide the work experience, guidance and supervision in a diligent and professional manner.
- 1.03 The work experience shall be carried out and completed during the period specified as the Start/End date in the application.
- 1.04 The EMPLOYER shall not alter the scope of the work experience or make changes to the employee without prior written approval of SHOONIYAA WA-BIITONG

### 2.0 THE CONTRIBUTION

- 2.01 Subject to all other provisions of this agreement, SHOONIYAA WA-BIITONG agrees to pay the EMPLOYER the following:
  - (a) A contribution in respect to the cost of the wages incurred and paid by the EMPLOYER during the work period to the worker, the amount of such contribution to be determined as follows:
    - (i) the EMPLOYER shall be reimbursed an amount equal to the product obtained by multiplying the approved hourly rate specified the application in the section entitled "Budget" by the total number of hours for which wages were paid to the worker during the work period.
  - (b) A contribution in respect of the mandatory employment related costs incurred and paid by the EMPLOYER, the amount of such contribution to be determined as follows:
    - (i) The maximum contribution for mandatory employment related costs shall not exceed the maximum contribution amount specified in the application section entitled "Mandatory Employment Related Costs".
- 2.02 SHOONIYAA WA-BIITONG shall have no obligation to pay any amount on account of the contribution for costs incurred before or after the work/training period.
- 2.03 Notwithstanding any provision of this agreement, no contribution is payable in respect of any costs incurred in respect of a student who is a member of the immediate family of the EMPLOYER, or if the EMPLOYER is a corporation or unincorporated association, who is a member of the immediate family of an officer or director of the corporation or unincorporated associate, unless SHOONIYAA WA-BIITONG is satisfied that the selection of the trainee was not the result of favoritism over another qualified candidate.
- 2.04 For the purposes of this section, "immediate family" means father, mother, stepfather, stepmother, foster parent, brother, sister, spouse (Including common-law spouse), child (including child of common-law spouse), stepchild, ward, father-in-law, mother-in-law or relative permanently residing with the EMPLOYER, officer or director, as the case may be.

### 3.0 TERMS OF PAYMENT

- 3.01 SHOONIYAA WA-BIITONG shall make an advance representing 90% of the total contribution.
- 3.02 The final claim for reimbursement of the final 10% shall also be accompanied by a final Payment Claim and Activities Report, reporting on the progress of the work/training activities during the entire period of start and end dates of the approved contribution.

#### 4.0 INFORMATION REQUIREMENTS

- 4.01 The EMPLOYER shall
- (a) Maintain proper books, accounts and records, in accordance with accepted business and accounting practices, of the costs of the training incurred by the EMPLOYER and of all expenditures or commitments made in relation thereto;
  - (b) Maintain proper records of the number of hours of training received by the employee;
  - (c) Make such books, accounts and records available at all reasonable times for inspection and audit by SHOONIYAA WA-BIITONG or its representatives, and
  - (d) Upon request, provide SHOONIYAA WA-BIITONG with any other information that may be required with respect to such books, accounts and records.
  - (e) The EMPLOYER upon request by SHOONIYAA WA-BIITONG shall allow representatives of SHOONIYAA WA-BIITONG access to the EMPLOYER'S premises at all reasonable times to monitor and inspect the progress of the work/training.

#### 5.0 REPRESENTATION AND WARRANTIES

- 5.01 The EMPLOYER represents and warrants, and it is a condition of this agreement, that:
- (a) No employee has been hired to fill a position left vacant due to an industrial dispute at the EMPLOYER'S premises, to fill the position of a worker who has been laid off and is awaiting recall, or to displace another worker employed by the EMPLOYER.
  - (b) All statements made to SHOONIYAA WA-BIITONG are true and all relevant facts have been disclosed.
- 5.02 In addition to any remedy provided for under this agreement, if a representation and/or warranty referred to in paragraph 6.01 (a) is not true and accurate SHOONIYAA WA-BIITONG may require the EMPLOYER to forthwith repay as a debt owing SHOONIYAA WA-BIITONG the amount of the contribution paid in respect of the employee(s) in respect of whom the untrue and inaccurate representation and warranty was given.

#### 6.0 DEFAULT

- 6.01 The following constitute Events of Default
- (a) the EMPLOYER becomes bankrupt or insolvent, goes into receivership, or takes the benefits of any statute from time to time being in force relating to bankrupt or insolvent debtors;
  - (b) An order is made or resolution passed for the winding up of the EMPLOYER, or the EMPLOYER is dissolved;
  - (c) the EMPLOYER has knowingly submitted false or misleading information to SHOONIYAA WA-BIITONG;
  - (d) the EMPLOYER is in breach of the performance of, or compliance with, any term, condition or obligation on its part to be observed or performed;
  - (e) any representation or warranty made by the EMPLOYER is not true and accurate;
  - (f) the EMPLOYER ceased to carry on the work/training;
  - (g) in the opinion of SHOONIYAA WA-BIITONG, the EMPLOYER has failed to conduct the work/training in an acceptable manner.
- 6.02 If an Event of Default occurs, SHOONIYAA WA-BIITONG may, in addition to any other remedies otherwise available, exercise either or both of the following remedies;
- (a) immediately suspend any obligation by SHOONIYAA WA-BIITONG to make or continue to make any contribution to the EMPLOYER, including any obligation to pay an amount owing prior to the date of such notice, until such Event of Default is corrected;
  - (b) immediately terminate any obligation by SHOONIYAA WA-BIITONG to make any further contribution to the EMPLOYER including any obligations to pay an amount owing prior to the date of such termination.

#### 7.0 GENERAL

- 7.01 In the event payments by SHOONIYAA WA-BIITONG under this agreement exceed the amount to which the EMPLOYER is properly entitled, the amount of such excess shall be payable forthwith to SHOONIYAA WA-BIITONG upon receipt of notice thereof and such amount shall be a debt due to SHOONIYAA WA-BIITONG.

- 7.02 This agreement may be amended by the mutual consent of the parties. To be valid, any amendment to this agreement shall be in writing and signed by the parties.
- 7.03 The parties hereto declare that nothing in this agreement shall be construed as creating a partnership or agency relationship between the parties.
- 7.04 The EMPLOYER shall provide the work/training in accordance with all laws, by-laws and regulations and prior to the commencement of the training shall obtain all permits, licenses, consents and other authorizations as may be required to permit the training.
- 7.05 The EMPLOYER shall follow all health and safety laws, and inform the worker of such law.
- 7.06 The EMPLOYER shall provide to SHOONIYAA WA-BIITONG evidence of Third Party Liability Insurance, showing SHOONIYAA WA-BIITONG as additional named insured, if required by SHOONIYAA WA-BIITONG in a form satisfactory to SHOONIYAA WA-BIITONG.
- 7.07 The EMPLOYER hereby releases and forever discharges SHOONIYAA WA-BIITONG from all claims, demands, actions, suits, or other proceedings arising out of or in any way related to the work/training, including any claims, demands, actions, suits, or other proceedings initiated by or participated in by any employees.
- 7.08 The EMPLOYER agrees to indemnify SHOONIYAA WA-BIITONG and its officers, directors, employees and agents against all costs incurred as a result to a claim or proceeding brought against SHOONIYAA WA-BIITONG related to the work/training and other activities undertaken under this agreement unless such claim or proceeding was the result of the negligent or willful act of any director, officer, employee or agent of SHOONIYAA WA-BIITONG while acting in the scope of his or her employment.
- 7.09 This agreement shall come into force and effect when both parties to this agreement execute it.

## **8.0 REPORTS AND INFORMATION**

- 8.01 The EMPLOYER shall, upon request, provide SHOONIYAA WA-BIITONG with progress reports, satisfactory to SHOONIYAA WA-BIITONG in scope and detail, concerning the progress of the project, including information collected to date under the below noted section with respect to the Project Participants.
- 8.02 The EMPLOYER shall, upon request, arrange for representatives of SHOONIYAA WA-BIITONG to have access to the site or sites, including access to project participants in a confidential setting, where the Project activities are being carried out to monitor the progress of the project.
- 8.03 The EMPLOYER shall provide SHOONIYAA WA-BIITONG with copies of all reports, studies or other publications produced by the EMPLOYER in carrying out the project.
- 8.04 The EMPLOYER will assist SHOONIYAA WA-BIITONG in:
- (a) evaluating the project's success in assisting the student gain career related experience and return to school and
  - (b) determining the student's need for any further assistance in obtaining employment.
- 8.05 All information about the student collected by the EMPLOYER under the above sections shall be treated as confidential and the EMPLOYER shall take all measures reasonably necessary, including those set out any instructions issued by HRDC or SHOONIYAA WA-BIITONG, for the protection of same against unauthorized release or disclosure. Upon completion of the Project, or upon termination of the agreement, if earlier, the EMPLOYER shall turn over the records and information to SHOONIYAA WA-BIITONG.

## **9.0 PUBLICITY**

- 9.01 The EMPLOYER shall ensure that in any and all communication activities, publications, advertising and press releases referring to the project, includes an appropriate acknowledgment, in terms satisfactory to SHOONIYAA WA-BIITONG, of SHOONIYAA WA-BIITONG's and HRDC's contribution. The EMPLOYER shall notify SHOONIYAA WA-BIITONG in advance of any and all such communication activities, publications, advertising and press releases.

## **10.0 EMPLOYER DATABASE**

- 10.01 The EMPLOYER agrees to enter their contact information into SHOONIYAA WA-BIITONG'S ANOKIWIN JOB CONNECT data base program. SHOONIYAA WA-BIITONG shall make services available to the EMPLOYER related to the ANOKIWIN JOB CONNECT services.