

PROPOSAL AND JOB POSTING FORMS

FOR

THE SOCIAL SERVICE EMPLOYMENT PROGRAM

A separate proposal must be completed for each position being requested. These forms may be photocopied or additional copies may be requested by phoning the Legal Administration Clerk at 325-0699.

EMPLOYER'S PROPOSAL TO PARTICIPATE
IN THE MINISTRY OF COMMUNITY AND SOCIAL SERVICES'
SOCIAL SERVICE EMPLOYMENT PROGRAM

PLEASE TYPE

PAGE 1 OF 3

I. EMPLOYER INFORMATION

Name & Address of
Organization:
(include postal
code)

Telephone:

Name of Director:

State official name of the organization as it should appear on the program legal agreement:

Non-Profit Corporation Registration # _____

If your organization is currently directly funded by M.C.S.S, indicate:

1. The legislative Act: _____

2. The funding formula: _____

3. Name of ministry contact: _____

Provide a summary statement of the services provided by your organization, and attach a program brochure if available:

II. THE PROPOSED POSITION

Position Title: _____

Number of positions requested: _____

Please complete the attached JOB POSTING FORM, including a full description of the duties and qualifications required. Since this will be used as your advertisement for the position, please complete it in a format designed to attract applicants.

How many staff do you currently employ? _____

Do positions similar to the one requested exist within you organization?

YES _____ NO _____

If YES, how many? _____

Briefly describe how this position will benefit your organization:

III. FINANCIAL INFORMATION (Cont'd.)

Please review the section on funding in the guidelines, (Section II, 4). How will your organization meet the employer's portion of salary and benefits contribution during the second six months of the one year term of employment?

- IV. Has an eligible candidate been identified for this position?
YES _____ NO _____ (Note: this is not a requirement for submitting a proposal.)

If YES, please provide the following information:

Candidate's Name:

Address:

Telephone Number:

Date of Birth:

Please describe which criteria this candidate meets for SSEP program eligibility:

_____ Persons in receipt of:
OR _____ Family Benefits Allowance
OR _____ General Welfare Assistance
OR _____ Participant in M.C.S.S.'s Vocational Rehabilitation Services Program

Name and title of person to contact for further information, or to notify regarding the outcome of the proposal:

Signature of Director: _____

Date: _____

Please forward your complete Proposal Form and Job Posting Form to:

Nadia Bove/Soraya Mohamed
Employment Liaison Officers
Employment Team
Ministry of Community & Social Services
2195 Yonge Street, 7th Floor
Toronto, Ontario
M7A 1G1

Telephone: 325-0695/325-0696

This form must be typed / Dactylographiez

This form must be typed / Dactylographiez Organization name / Nom de l'organisme	
Address / Adresse	
Services provided by organization / Services fournis par l'organisme	
Address of job site / Adresse du lieu de travail	
Nearest intersection / Intersection la plus rapprochée	
Is job site accessible by public transportation? / Le lieu de travail est-il desservi par les transports en commun ? <input type="checkbox"/> yes / oui <input type="checkbox"/> no / non	Is job site wheelchair accessible? / Le lieu de travail est-il accessible aux personnes en fauteuil roulant ? <input type="checkbox"/> yes / oui <input type="checkbox"/> no / non
Contact person for interview / Personne à contacter pour une entrevue	Telephone number / Numéro de téléphone
Alternate contact person / Autre personne à contacter	Telephone number / Numéro de téléphone
Name of person supervising this position / Nom de la personne qui supervise le titulaire du poste	Title / Titre
Position title / Appellation d'emploi	Job # if already assigned / Numéro de poste si attribué

Duties of the Position: / Fonctions :

Qualifications: / Exigences :

Applicant Eligibility: / Admissibilité de l'auteur(e) de la demande :

Eligibility for participation in the Social Service Employment Program is limited to single parents in receipt of Family Benefits Allowance or General Welfare assistance, or disabled persons in receipt of Family Benefits Disability Pension, or persons who are receiving or eligible to receive Family Benefits Allowance due to their participation in Ministry of Community and Social Service's Vocational Rehabilitation Services Program. (Human Rights Exemption Code 13.1.)

l'admissibilité au Programme d'emploi pour les bénéficiaires de l'aide sociale est limitée aux chefs de famille monoparentale qui touchent des prestations familiales ou de l'aide sociale générale, ou aux personnes handicapées qui touchent une pension d'invalidité dans le cadre du programme de prestations familiales, ou aux personnes qui touchent ou qui ont le droit de recevoir des prestations familiales en raison de leur participation au Programme de services et de réadaptation professionnelle du ministère des Services sociaux et communautaires (Code d'exemption 13.1 aux fins du Code des droits de la personne.)

Days of work / Heures de travail		Total hours per week / Nombre d'heures total par semaine	
Days per week (check) / Jours de la semaine (veuillez cocher) (✓)		Salary / Salaire	
<input type="checkbox"/> Monday lundi	<input type="checkbox"/> Tuesday mardi	<input type="checkbox"/> Wednesday mercredi	<input type="checkbox"/> Thursday jeudi
<input type="checkbox"/> Friday vendredi	<input type="checkbox"/> Saturday samedi	<input type="checkbox"/> Sunday dimanche	
Benefits: (please check the benefits which will be provided) / Avantages sociaux : (veuillez cocher les avantages offerts) (✓)			
<input type="checkbox"/> Dental Régime dentaire	<input type="checkbox"/> Extended Health (Does this cover prescription costs?) Assurance-maladie complémentaire (les médicaments d'ordonnance sont-ils compris ?)	<input type="checkbox"/> yes oui	<input type="checkbox"/> no non
<input type="checkbox"/> Life Insurance Assurance-vie	<input type="checkbox"/> Vacation _____ 4% of salary or _____ Vacances _____ 4% du salaire ou _____	<input type="checkbox"/> time off with pay vacances payées	<input type="checkbox"/> Other benefits Autres avantages sociaux _____

II. THE PROPOSED POSITION (Cont'd.)

Once the person completes the one-year SSEP term of employment, would he or she be qualified to apply for similar or related positions in your organization?

YES _____ NO _____

If YES, please list similar or related jobs:

If NO, please explain:

If a permanent position was not available at the end of one year within your organization, what types of positions outside of your organization do you feel that the employee would be qualified for?

What benefits do you feel that the employee will gain from working in this position?

Will on-the-job training be a component of this position?

YES _____ NO _____ If YES, please describe:

What transferrable employment skills do you anticipate that the employee will gain from this position?

Will the employee be required to complete a probationary period?

YES _____ NO _____ If YES, what is the length of the probation?

III. FINANCIAL INFORMATION

What salary are you requesting for this position? _____
(Salary should be equivalent to entry level salaries for similar positions within your organization.)

If there are no similar positions in your organization, how did you determine this amount?

Community Outreach Partnerships Fund 1992/93 District Project Summary

CENTRAL DISTRICT

1. **Six Nations Council, Ohsweken**
Native Access to Apprenticeship Training Project (C-92-01)

This project will hire a co-ordinator to work with native organizations and community groups towards increasing the number of native apprentices in the Six Nations and New Credit Reserves and in areas around Brantford, Hamilton, Caledonia, Hagersville and Simcoe, through apprenticeship promotion, counselling and placement and testing services.

COST: \$ 14,050

Anticipated Results:

150 Clients served/Counselled

N/A Pre-apprenticeship Placements

5 Apprenticeship Placements

6 Certificates of Qualification

2. **Hurononia Area Aboriginal Management Board, Barrie**
Partnership for Access to Apprenticeship (C-92-02)

This project will support a series of workshops and community meetings in February and March, 1993 which will create awareness of apprenticeship for natives among employers, unions, associations and potential participants. The project will also promote, counsel and place natives in apprenticeship.

COST: \$ 26,450

Anticipated Results:

180 Clients Served/Counselled

N/A Pre-apprenticeship Placements

1 Apprenticeship Placements

1 Certificates of Qualification

3. **Barrie Adult Learning Network**
Access to Apprenticeship; Simcoe and Muskoka (C-92-03)

Needs assessment and community promotion work to promote apprenticeship training for women and other equity groups. As well as developing apprenticeship placements for the group's existing client base, this project will assess the potential for equity participation among area employers, and could form the basis of a subsequent proposal.

COST: \$ 51,986

Anticipated Results:

424 Clients Served/Counselled

21 Pre-apprenticeship Placements

13 Apprenticeship Placements

N/A Certificates of Qualification