

# START Supplemental Information

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This form is to be completed by the employer representative to provide additional information about the application which will be used to assist program delivery staff in assessing your application. Please complete and submit this form along with your application using LaMPSS.

Company Name: \_\_\_\_\_ LaMPSS ID: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

## About your Organization

a. Will your company receive any additional funds from other government sources that will assist with paying the wages of the START employee? ☐ Yes ☐ No

b. Are there any other employees, who are currently on lay-off, who previously held the position or performed these duties? ☐ Yes ☐ No

c. Will the participant displace current staff (on layoff, vacation, sick or parental leave)? ☐ Yes ☐ No

d. Do you have WCB coverage or sufficient insurance to cover accident or injuries on the job for the employee? If yes, please provide the insurance company's name and policy number ☐ Yes ☐ No

e. What is the civic address where the employee will be employed?

f. Do you have an overpayment with Employment Nova Scotia (ENS)? If yes, detail below. ☐ Yes ☐ No

## About the Job

- g. What is the proposed hourly rate and number of hours per week for the position?
- h. Who will supervise the employee?
- i. How will the Client be receiving their vacation pay – per pay period, accrued or at end of agreement?
- j. What is the clients pay period (weekly, bi-weekly, etc.), method of issuance (cash, cheque, direct deposit), and CRA remittance schedule.
- k. Is this position considered a seasonal position ☐ Yes ☐ No
- l. What date would you like the participant to start the program if the application is approved?
- Date (dd/mm/yyyy): \_\_\_\_\_

## About the employee

- m. Is the proposed employee an immediate family member of the applicant/ business owner? ☐ Yes ☐ No
- n. Has this employee worked for your company in the past, or currently working for you, in any capacity? If so, When? What position? ☐ Yes ☐ No
- o. Is there a work plan for this individual (timeline for providing the required skills)? ☐ Yes ☐ No
- p. Are there any additional supports required beyond wages which could be considered for this agreement (i.e. training, travel, etc...)? ☐ Yes ☐ No

Additional Comments:

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_