

Canadian Mining Work Placement Program Application for Employer

Please complete unique application forms for each occupation type as well as for each operating mine or work sites.

| or work sites. | | | | |
|--|---------------------|-------------------------------|---------------------|--|
| Is your organization an operating mine | or work site in Ca | nada? □ Yes □ No | | |
| Does your organization intend to hire th | he individual(s) at | the end of the work pla | acement? ☐ Yes ☐ No | |
| Employer Contact First Name: | | Employer Contact Last Name: | | |
| Employer Contact Job Title: | | Employer Language Preference: | | |
| Employer Contact Email: | | | | |
| Employer Contact Phone Number: | | | | |
| Hiring Organization (Employer) Name: | | | | |
| Hiring Organization Website URL: | | | | |
| Hiring Organization (Employer) Address: | | | | |
| City: | | Province/Territory: | | |
| Postal Code: | | Country: | | |
| Primary Hiring Organization Type: | | Hiring Organization Size: | | |
| Please indicate which occupation the w | ork placement is | for: | | |
| ☐Frontline Supervisor | □Industry Trainer | | □Diamond Driller | |
| ☐Minerals Processing Operator | □Underground | Miner | □Surface Miner | |
| ☐Hoist Operator | □Other: | | | |
| How many work placements do you pla | in to provide? | | | |
| Please identify the operating mine or w | ork site where th | e work placement will t | ake place. | |
| Operating Mine or Work Site Name: | | | | |
| Address: | (| City: | | |
| Province/Territory: | 1 | Postal Code: | | |
| Country: | | | | |



| riease identity the type of training the individual(s) has taken before starting the work placement. | | | |
|--|--|--|--|
| | | | |
| Please ide | entify the training organization, educational institution or employer who delivered the training. | | |
| | | | |
| Please pr | ovide a description of the tasks and responsibilities of the work placement. | | |
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| | | | |
| | | | |
| Work Plac | cement Start Date: Work Placement End Date: | | |
| Please va statemen | lidate your understanding of the following requirements by checking the box beside each t. | | |
| | understand that the participant(s) completing the work placement will need to complete Personal Information Form to submit to MiHR. | | |
| a | understand, as the employer contact, I will be required to complete a second phase of the pplication outlining the pay information of each of the participants completing the work lacement. | | |
| I understand there will be an agreement signed between MiHR and the Hiring Organization (Employer) I understand the participant(s) and their supervisor(s) will be required to complete the following eLearnings: Intercultural Awareness Training, Indigenous Awareness Training & Gender Equity in Mining Works Training. | | | |
| □ I to □ I m | understand I will be required to submit pay stubs at mid point and at the end of the work placement or receive two installments of the wage subsidy up to \$10,000 (up to \$15,000 for EDGs). understand I will be responsible for ensuring the participant(s) and their supervisor(s) complete a nid point and a final evaluation to outline their satisfaction level, feedback, and the articipant's employment status following the work placement. | | |
| Signature | | | |

Submit completed application form to wagesubsidies@mihr.ca