



Employer Application form for NVIT Co-op Wage Subsidy

Name of Organization:	
Business Registration Number:	
Number of Employees (must have fewer than 50 employees)	
Mailing Address:	
Physical Address: (If different from above)	
Main Contact Person:	
Phone Number:	
E-mail:	
Website:	
Have you ever previously hired a Co-op student?	
Number of NVIT Co-op students you plan to hire:	
Name(s) of Co-op student you plan to hire:	
Date:	
Co-op Position Title:	
Job Description:	
Job Terms (number of hours per week/number of weeks/hours per day):	
Start and End Date:	
Wage:	

Please submit this form via email to the Co-op Coordinator at mhohner@nvit.ca