**Community Workforce Response Grant Employer Support Form**

This form must be completed by an employer supporting the skills training project and returned to the applicant. **This form is strictly to provide sector information on current employment needs. Completion of this form does not imply a commitment to hire on behalf of the employer.**

**Business Name:**

**Business Address and/or website:**

**Date:**

**Representative First/Last Name & Title:**

**Representative Email & Phone Number:**

**Skills Training Course Title:**

**Credential/Certification Name:**

☐ I certify that I am authorized to submit this form on behalf of the organization named above and that all information provided on this form is correct to the best of my knowledge.

1. Which community or communities is your business operating in?

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1. Do you currently have vacant positions that successful graduates of this training would be qualified to fill (see attached course outline)? Please list the names of the position(s) and how many openings.

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1. Where do you regularly post positions for your openings?

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1. Have you had a hard time filling these positions in the past? If yes, please describe any challenges you faced.

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1. Do you foresee future openings in these positions? If yes, how many job openings do you anticipate over the next 6 to 12 months?

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1. As a part of training, if a practicum was required, are you providing a practicum space? If so, how many placements?
2. Do you wish to add any further comments?

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