



Registration Form: Employer

The Retiree Employment Agency helps connect employers with retirees for short-term employment opportunities (less than 52 consecutive weeks).

To facilitate the process, please complete this form. All collected information will remain confidential.

1. EMPLOYER INFORMATION

Legal Business Name:

Industry:

Address:

City:

Province:

Postal Code:

Business Number

New Brunswick (Corporate Affairs Registry):

Canada Revenue Agency:

 R P

Name of Employer/Owner:

Telephone (at work):

Email:

Preferred Language of Communication:

Cell Phone:

Fax:

English French Both

Contact Name (If Applicable) :

Telephone (at work):

Email:

Preferred Language of Communication:

Cell Phone:

Fax:

English French Both

2. ESSENTIAL DOCUMENTS AND JOB REQUIREMENTS

- Resume? Yes No
- Criminal Record Check? Yes No
- Completed Employment Application Form? Yes No
- Other:

3. INFORMATION ON THE AVAILABLE JOB(S)

Is the position unionized? Yes No
 If yes, was the union consulted for positions with a collective agreement? Yes No

Job Title: Place of Work:
 Start Date: End Date:
 Daily Hours of Work: Weekly Hours of Work:
 Language at Work: English French Both
 Proposed Hourly Wage (Optional):

Check Employment Status of Available Job and Work Schedule.

Employment Status (Hours/Week)		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Full-time (25 hours and more)	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Part-time (less than 25 hours)	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a job description.

Job Title: Place of Work:
 Start Date: End Date:
 Daily Hours of Work: Weekly Hours of Work:
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<input type="checkbox"/> Part-time (less than 25 hours)	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a job description.

4. COVID-19

- Do you have a COVID-19 operational plan as per Public Health and WorkSafeNB guidelines? Yes No
- Do you have the appropriate measures in place? Yes No

For Retiree Employment Agency Use Only:

Date (YYYY-MM-DD)

Signature of Employer