



YUKON SUMMER CAREER PLACEMENT (SCP) PROGRAM
EMPLOYER/EMPLOYEE DECLARATION FORM

In order to determine eligibility of the youth/student as an employee for SCP, please have the youth/student complete and sign the EMPLOYEE DECLARATION and the employer complete and sign the EMPLOYER DECLARATION and return to:
Employment Programs Officer, Department of Education, PO Box 2703, Whitehorse, YT Y1A 2C6
FAX: 867-667-8555 • Email: Terilee.Huff@gov.yk.ca

EMPLOYEE DECLARATION		
Full name		Date of birth YYYY/MM/DD
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date YYYY/MM/DD
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate when:
Were you in full-time studies this past academic year? <input type="checkbox"/> Yes → complete Part A <input type="checkbox"/> No → complete Part B		
PART A – STUDENT STATUS		
Name of educational institution attended this academic year		Grade or year of studies <i>completed by May 1st of this year</i>
PART B – YOUTH STATUS		
When did you begin your residency in Yukon? YYYY/MM	Do you have a valid Yukon Health Care card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE		
I hereby declare that the information provided above is true and correct. I certify that I am not a member of the employer's immediate family* (see definition below).		
_____ Employee Signature		_____ Date YYYY/MM/DD

EMPLOYER DECLARATION		
Legal name of employer or organization		
SCP Position Title	Employee start date YYYY/MM/DD	Hourly wage
I hereby declare that (please check all that apply):		
<input type="checkbox"/> the student/youth is not a member of the immediate family* of: <ul style="list-style-type: none"> A) the EMPLOYER where the EMPLOYER is an individual; or B) if the Employer is a corporation or an unincorporated association, the participant is not a member of the immediate family of an officer or a director of the corporation or unincorporated association, or C) an elected or senior official of a Municipality, where the EMPLOYER is the Municipality. 		
<input type="checkbox"/> that the student/youth meets the eligibility criteria as set out in the guidelines.		
<input type="checkbox"/> that the student/youth being hired is not an existing employee		
<input type="checkbox"/> that he/she is not displacing an existing employee/existing position.		
_____ Employer signature		_____ Date YYYY/MM/DD

*Immediate family is defined as: father, mother, brother, sister, spouse (including common-law residents), child, in-law, guardian or any resident permanently residing in the employers domicile or with whom the employer permanently resides.