



CLIENT FILE

LABOUR MARKET RESEARCH FORM

To complete this section you should contact a minimum of 3 employers. It is in your best interest to ask employers if, when hiring employees, they would recognize the training course you are considering. Please complete the following as it pertains to the occupation (s) directly related to the training course.

EMPLOYER INFORMATION

EMPLOYER:

CONTACT PERSON

LAST NAME: FIRST NAME: TITLE:

PRIMARY PHONE: () - EMAIL ADDRESS:

ALTERNATE PHONE: () - FAX: () -

POSITION OF INTEREST TO APPLICANT:

CURRENT NUMBER OF EMPLOYEES IN THIS OCCUPATION:

CURRENT OPENINGS:

WAGE RANGE:

WHAT SPECIFIC SKILL SETS ARE YOU LOOKING FOR IN A POTENTIAL EMPLOYEE?

IS THIS WORK SEASONAL OR YEAR ROUND?

PROSPECTS FOR FUTURE POSITIONS:

SIGNATURE:

Office Use Only



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