

ETS@WORK EMPLOYER APPLICATION



Please PRINT clearly all information requested

Business Operating Name:	
Business Address & Postal Code:	
Business Phone Number	
Business Fax:	
Management Contact Name & Title: ie) Owner/ Person of Signing Authority	
Management Phone Number:	
Administrative Contact Name:	
Contact Phone Number:	
Contact Email:	
*Note: Administrative contact is the person to be responsible for employee applications, pass order & distribution etc. and is the sole contact for ETS.	

Registered / Legal Entity Name:	
Corporation Type:	
Corporate Mailing Address & Postal Code:	

Total number of <u>eligible</u> potential employee participants:	
Total number of employees ready to enroll (if known):	
Discount being offered by Employer (minimum 12%):	
How did you find out about the program? (Newspaper, Internet, Business Association, etc.)	

The undersigned is a principal of the company, certifies the above information to be true; and agrees that the City of Edmonton may undertake a Corporate Entity Search and credit investigation if applicable.

Date: _____

Signature: _____

Print Full Name & Title: _____

RETURN COMPLETED APPLICATION VIA MAIL/FAX/EMAIL TO:

Edmonton Transit
ETS Programs Administration
 850 Scotia Place Tower 1, 10060 Jasper Avenue
 Edmonton, Alberta T5J 3R8
 Fax: 780-429-6987
 Email: ETSatWork@edmonton.ca

This information is being collected under the Authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act (F.O.I.P.)* and will be used to process your request. It is protected by the privacy provisions of the F.O.I.P. If you have any questions about the collection of this data, contact the ETS Programs Administration, 780-442-0890.