



CHAMPAGNE AND AISHIHIK FIRST NATIONS

BEEF APPLICATION

Date:	
Business name and contact:	
Phone numbers:	
Email:	
Mailing address:	
Position available:	
Duration of employment:	
Rate of pay:	
Key functions:	
Name of CAFN citizen and address of CAFN citizen for the position:	
Assurance of Workers Compensation, E.I. contributions and other requirements outlined in the Employment Standards legislation	Signature: _____

For office use: Record of Decision

Approved Denied

Employment and Training Officer: _____

Economic Development Officer: _____

Executive Director: _____