



COMMUNITY FUTURES TREATY SEVEN

“Growing One Community at a Time”

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FIRST NATIONS SUMMER CAREER PLACEMENT EMPLOYER/EMPLOYEE – INFORMATION FORM

EMPLOYER INFORMATION			
Legal Name of Company:			
Operating as:			
Address:		City:	PC:
Contact Name:		Title:	
No. of Employees:	Phone No.	Fax No.	
Type of Business (ie Not for profit):			
Revenue Canada Taxation No.			

POSITION INFORMATION		
Position Title:		
Hourly Rate paid to student: \$	Hourly Rate requested from CFT7: \$	
Mandatory Employer Related Costs(EI, CPP & Vac): \$		
Start Date:	End Date:	# of Weeks:

EMPLOYEE INFORMATION		
Sir Name:	First Name:	
Address:	City:	PC:
Telephone Number:	Social Insurance Number:	
Treaty Number:		

NOTE: Any additional information pertaining to the above may be enclosed as an attachment.

FIRST NATIONS SUMMER CAREER PLACEMENT

JOB DESCRIPTION

EMPLOYER NAME: _____

EMPLOYEE NAME: _____

TRAINING OBJECTIVES
The following Training will be included:
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◆
◆
◆
◆

TASKS AND RESPONSIBILITIES
Position Duties:
◆
◆
◆
◆
◆

NOTE: ANY ADDITIONAL INFORMATION PERTAINING TO TRAINING MAY BE ADDED AS AN ATTACHMENT