



# Work Force Qalipu

## Employment Application

Wage Subsidy:   
Graduate Incentive:   
Job Creation:

Self-Employment:   
Disability:

**EMPLOYER INFORMATION:** Please Print

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_ E-Mail: \_\_\_\_\_

If the proposed employee related to the employer: Y / N \_\_\_\_\_

If yes, what is the relationship? \_\_\_\_\_

Location of Employment: \_\_\_\_\_

Is this a Home Based Business: Y / N \_\_\_\_\_

**PERSONAL INFORMATION:** Please Print

Name: \_\_\_\_\_ SIN#: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel #: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender: Male  Female  Month Day Year

Qalipu Mi'kmaq First Nation Band Registration #: \_\_\_\_\_

Education Level: \_\_\_\_\_ Year: \_\_\_\_\_

Are you receiving funds from other sources to contribute to this employment: Y / N \_\_\_\_\_

If yes, what source(s): \_\_\_\_\_

Description of the Position including the proposed wage and number of hours per week:

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Brief History of the Business:

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Prospects of Future Employment after the Wage Subsidy Program is Complete:

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Additional Information:

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**Declaration**

Applications may also be used for public documents such as Minutes, Work Force Qalipu Reports, Board Kits, etc. The Qalipu Mi'kmaq First Nation Band agrees to share this information with Service Canada or Aboriginal Affairs and Northern Development Canada.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date of Application

**Submit Applications to:**

Work Force Qalipu  
1 Church Street, Majestic Premises 2<sup>nd</sup> Floor  
Corner Brook, NL A2H 2Z4

Phone: 709-634-0996