

NAABA Work Opportunity Form

Please complete the below details and email to naaba@telus.net or fax to **(780) 714-6485**.

| Issuer Company Details | |
|-------------------------------------|--|
| Company Name: (Issuer) | |
| Project Name: | |
| Contact Name 1: | |
| Contact E-mail 1: | |
| Contact Phone 1: | |
| Contact Name 2: (optional) | |
| Contact E-mail 2: (optional) | |
| Contact Phone 2: (optional) | |
| Aboriginal Work Opportunity Details | |
| Work Opportunity Title: | |
| Work Opportunity Scope: | |
| List any specific qualification | |
| Work Start Date: | |
| Work End Date: (optional) | |
| Closing Date & Time: | |
| Other Comments: | |

Thank you for supporting
Northeastern Alberta Aboriginal Business Association's Full Members