Atikameksheng Anishnawbek

Summer Student Application Form

(Attendance records not required for those CURRENTLY in Post-Secondary School)

For your application to be considered:

- A) Please answer all questions and all areas. If not applicable, please state 'N/A'.
- B) Please attach attendance records for the school year (September March).
- C) Please review and sign 'Release of Information' form.
- D) Please submit to ecdev@wlfn.com with the subject line "Summer Student Program"

PERSONAL INFORMATION	
	D 4 CD' 4
Your Name:	Date of Birth:
	/ /
	DD MM YYYY
Mailing Address:	Social Insurance Number:
	Band Number:
	Dana Number.
X7 TN NT 1	
Your Phone Number:	Emergency Contact Name:
Your Email Address:	Emergency Contact's Phone Number:
Type of work: (List in order of preference)	
Type of work. (Elist in order of preference)	
1. 2.	3.
1. 2.	3.
ACADEMIC EDUCATION & TRAINING	
	No. 10 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Educational Institute attended this Past	Name of Educational Institute Attending in
Year:	September:
What is the highest level of education you've obtained?	
·	
T :- 4 - 11 1 - 1 - 11 1 1 - 11 4 : - : 1 1	4-1 (:111).
List all work skills and any skill training you have taken (include dates):	
EMPLOYMENT HISTORY	

Employer's Name, Address & Phone:	Job Title & Duties:
Supervisor:	
Dates Worked:	Can we contact them for references?
From: To:	□ Yes □ No
Employer's Name, Address & Phone:	Job Title & Duties:
Supervisor:	
Dates Worked:	Can we contact them for references?
From: To:	□ Yes □ No
Employer's Name, Address & Phone:	Job Title & Duties:
,	
Supervisor: Dates Worked:	Can we contact them for references?
From: To:	□ Yes □ No
Please check the highest level of valid Ontario	Have you taken a First Aid Course within the
driver's license you currently have:	last 2 years?
\Box No License \Box G1 \Box G2 \Box G	□ Yes □ No
Have you provided volunteer work to the	Do you have any disabilities that you want to be considered?
community?	considered:
□ Yes □ No	□ Yes □ No
If "Yes", Explain:	If "Yes", Explain:
List other references (include phone numbers):	
1.	
2.	
3.	
I certify that the statements made by me in this applicat	ion are true and complete to the best of my knowledge
I understand if any of these statements are found to be a void". I have:	<u>.</u>
Void	
☐ Included my attendance records.	
☐ Included my signed 'Release of Information' form.	
ı —	1111•
	•
Signature	Date



AUTHORIZATION FOR RELEASE OF INFORMATION

I,(Parent/Guardian)	_ hereby authorize the staff and/or Faculty
of(Secondary School)	to the release of information indicative of
(Print name(s) of student)	's, academic progress in terms of their
attendance from September 2021 to	March 31, 2022.
This information is to be sent upon to designate of Atikameksheng Anishna	he request of the Education Coordinator and/or awbek.
I have fully read and understand the	e above.
Parent/Guardian's Signature (or student if 18+ years)	Date

Telephone: 705 692-3651

E-mail: receptsec@wlfn.com

Website: atikamekshenganishnawbek.ca

