

Atikameksheng Anishnawbek
SUMMER STUDENT EMPLOYMENT APPLICATION FORM:

<u>HIGHSCHOOL CATEGORY</u> <i>(for student entering highschool classes in the fall)</i>
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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 attach your signed 'Release of Information' form.

PERSONAL INFORMATION	
Your Name:	Date of Birth: / / / DD MM YYYY
Mailing Address:	Social Insurance Number:
	Band Number:
Your Phone Number:	Emergency Contact Name:
Your Email Address:	Emergency Contact’s Phone Number:
Type of work: (List in order of preference)	
1. 2. 3.	
ACADEMIC EDUCATION & TRAINING	
Name of Educational Institute attended this Past Year:	Name of Educational Institute Attending in September:
What is the highest level of education you’ve obtained?	
List <i>all</i> work skills and any skill training you have taken (include dates):	

EMPLOYMENT HISTORY**Employer's Name, Address & Phone:**

Job Title & Duties:

Supervisor:

Dates Worked:

From:

To:

Can we contact them for references?

 Yes No**Employer's Name, Address & Phone:**

Job Title & Duties:

Supervisor:

Dates Worked:

From:

To:

Can we contact them for references?

 Yes No**Employer's Name, Address & Phone:**

Job Title & Duties:

Supervisor:

Dates Worked:

From:

To:

Can we contact them for references?

 Yes No**Please check the highest level of valid Ontario driver's license you currently have:** No License G1 G2 G**Have you taken a First Aid Course within the last 2 years?** Yes No**Have you provided volunteer work to the community?** Yes No

If "Yes", Explain:

Do you have any disabilities that you want to be considered? Yes No

If "Yes", Explain:

List other references (include phone numbers):

1.

2.

3.

I certify that the statements made by me in this application are true and complete to the best of my knowledge. I understand if any of these statements are found to be untrue, this application may be deemed "null and void". I have :

- Answer all questions in all areas of this form.
- Included my attendance records.
- Included my signed 'Release of Information' form.

Signature_____
Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize the
(Student, if 18 yrs or over OR their Parent/Guardian)

staff and/or faculty of _____ to release information
(Name of School/Institution)

indicative of my, or my child's, progress in terms of attendance and/or
assessments during the academic year. This information is to be sent
upon the request of the Education Coordinator or a designate of
Atikameksheng Anishnawbek (Whitefish Lake First Nation). I have fully read
and understand the above.

Student's Name, (please print)

*Signature of: Student, if 18 yrs or over OR
their Parent/Guardian, if student is under 18 yrs*

Date