Atikameksheng Anishnawbek
SUMMER STUDENT EMPLOYMENT APPLICATION FORM:

POST – SECONDARY CATEGORY

(for student entering post-secondary classes in the fall)

For your application to be considered:

A) Please answer all questions and all areas. If not applicable, please state 'N/A'.
B) Please attach your signed 'Release of Information' form.

PERSONAL INFORMATION	
Your Name:	**Date of Birth**: / / **DD MM YYYY**
Mailing Address: (Include Box Number)	**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 your course of Study?	
What is the highest level of education you've obtained?	
List *all work skills* and any skill training you have taken (include dates):	

EMPLOYMENT HISTORY	
Employer's Name, Address & Phone: Supervisor: Can we contact them for references? □ Yes □ No	Job Title & Duties: Dates Worked: From: To:
Employer's Name, Address & Phone: Supervisor: Can we contact them for references? □ Yes □ No	Job Title & Duties: Dates Worked: From: To:
Employer's Name, Address & Phone: Supervisor: Can we contact them for references? □ Yes □ No	Job Title & Duties: Dates Worked: From: To:
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 within the last 2 years? □ 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 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 Atikamekshen 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*