



# ATIKAMEKSHENG ANISHNAWBEK

## Summer Student Employment Application



**To be considered for the Summer Student Program, please ensure the following requirements are completed:**

- All sections of the application form must be filled out. If a question does not apply, please indicate “N/A”
- How to submit your application:
  - By email to [student.employment@wfn.com](mailto:student.employment@wfn.com) with the subject line “Summer Student Application – [Your Full Name]”. **Deadline to apply is June 5, 2026.**

PERSONAL INFORMATION			
Full Name		Date of Birth (DD/MM/YYYY)	
Mailing Address		Social Insurance Number (SIN)	
		Band Registry Number	
Phone Number		Emergency Contact Name	
Email Address		Emergency Contact Phone Number	
Area(s) of Interest for Summer Employment (List in order of preference)	<input type="checkbox"/> Summer Program Worker <input type="checkbox"/> Lands Student <input type="checkbox"/> Library Assistant <input type="checkbox"/> Community Hub Receptionist <input type="checkbox"/> Physical Activities Worker <input type="checkbox"/> In-Reach Worker		<input type="checkbox"/> Public Works Student <input type="checkbox"/> Adult Day Program Assistant <input type="checkbox"/> Healthy Babies, Healthy Children Worker <input type="checkbox"/> Mino-Bimaadiziwin Worker <input type="checkbox"/> Trails Program Worker

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 have obtained?	
Please list all work-related skills and any training programs or certifications you have completed. Be sure to include the dates for each	
Do you have an active CPR “C” Certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an active AED First Aid Certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY**

<b>1</b>	<b>Employers Name, Address &amp; Phone Number</b>	
	<b>Supervisor Name</b>	
	<b>Job Title &amp; Duties</b>	
	<b>Dates Worked</b>	<b>From:</b> _____ <b>To:</b> _____
	<b>Can we contact them for references?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	<b>Employers Name, Address &amp; Phone Number</b>	
	<b>Supervisor Name</b>	
	<b>Job Title &amp; Duties</b>	
	<b>Dates Worked</b>	<b>From:</b> _____ <b>To:</b> _____
	<b>Can we contact them for references?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	<b>Employers Name, Address &amp; Phone Number</b>	
	<b>Supervisor Name</b>	
	<b>Job Title &amp; Duties</b>	
	<b>Dates Worked</b>	<b>From:</b> _____ <b>To:</b> _____
	<b>Can we contact them for references?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Please indicate the highest class of a valid Ontario Driver's Licence you currently hold</b>	<input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G <input type="checkbox"/> No License
<b>Have you participated in any community volunteer work, either recently or in the past?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes", please provide details:
<b>Do you have any disabilities, or accessibility needs you would like us to be aware of for accommodation purposes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes", please explain:
<b>Please list any additional references (include their full name, relationship to you, and contact number), if applicable</b>	
1.  2.  3.	

I hereby certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading statements may result in the disqualification of my application. I confirm that I have:

Completed all sections of this form

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_