

Government Services Building  
22 Winookeedaa Road  
Curve Lake, Ontario K0L1R0



Phone: 705.657.8045  
Fax: 705.657.8708  
www.curvelakefirstnation.ca

## APPLICATION FOR STUDENT SUMMER EMPLOYMENT

Applicant's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Present Address (Including Postal Code): \_\_\_\_\_

\_\_\_\_\_

**POSITIONS BEING APPLIED FOR:** (PLEASE LIST IN ORDER OF PRIORITY. WE RECOMMEND TRYING A NEW POSITION AFTER 2 YEARS)

#1. \_\_\_\_\_

#2. \_\_\_\_\_

Courses, Workshops, Seminars, and Licenses or Certificates obtained which relate to the position being applied for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Required age is 15 to 30 years at start of term

Certificate of Indian Status Number: \_\_\_\_\_

Do you have a Social Insurance Number (SIN)?  Yes  No  Have applied

You can provide SIN now or when offered a job \_\_\_\_\_ (optional)

Employment References – Only 1 Required – Supervisor Preferred

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

Do you have any learning challenges and require written questions in the interview?

\_\_\_\_\_ YES \_\_\_\_\_ NO

To help with the Selection Process, the Education Staff of CLFN will be reviewing your School Attendance Records and will provide a score based on attendance to the Hiring Selection Committees. Please check the appropriate box if you are granting permission for the CLFN Education Staff to check your attendance records? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION**

School	Course of Study	Dates from Month/Year	Attended to Month/Year	Degree or Diploma	Date

Name of school registered to attend in 2017/2018 School Year: \_\_\_\_\_

**Elaborate on the factual material already presented and show how this experience is relevant to the position for which you are applying.**

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**I HEREBY DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY BE CAUSED FOR DENIAL OR IMMEDIATE TERMINATION OF EMPLOYMENT.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

*Parent/Guardian signature required if applicant is under 18 years old.*

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date