

# STUDENT EMPLOYMENT APPLICATION

## SELKIRK FIRST NATION

PLEASE COMPLETE ALL SECTIONS, SIGN, AND DATE THE APPLICATION.

### GENERAL INFORMATION

NAME:	E-MAIL ADDRESS:		
ADDRESS:			
(STREET)	(CITY)	(PROVINCE)	(POSTAL CODE)
HOME PHONE NUMBER:	BUSINESS PHONE NUMBER:		
ALTERNATE CONTACT:			

### JOB INTEREST

Position Applying for:	
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### EDUCATION

SCHOOL ATTENDED THIS PAST YEAR – LEVEL COMPLETED	SCHOOL YOU WILL BE ATTENDING NEXT YEAR

DO YOU HAVE A VALID DRIVERS LICENSE? <input type="radio"/> YES <input type="radio"/> NO	If yes, please list class/endorsements
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### EMPLOYMENT EXPERIENCE

POSITION TITLE	FROM mm/yy TO mm/yy	EMPLOYER	DUTIES

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT BY SELKIRK FIRST NATION MAY BE CONTINGENT UPON COMPLETION OF EMPLOYMENT AND EDUCATION VERIFICATIONS AND SUBMISSION OF PROOF OF IDENTITY. I UNDERSTAND THAT IF ANY OF THESE ABOVE NOTED CONTINGENCIES ARE NOT SUCCESSFULLY COMPLETED OR IF I HAVE MADE ANY FALSE STATEMENTS ON THE APPLICATION, ANY OFFER OF EMPLOYMENT WILL BE RETRACTED OR MY EMPLOYMENT TERMINATED

MY SIGNATURE BELOW INDICATES THAT I HAVE READ, I UNDERSTAND, AND AGREE WITH THE ABOVE-NOTED CONDITIONS. BY SUBMITTING MY APPLICATION, I CONSENT TO SHARE MY PERSONAL INFORMATION ENCLOSED IN THIS APPLICATION WITH SELKIRK FIRST NATION FOR THE PURPOSES OF EMPLOYMENT CONSIDERATION

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_