

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? YES NO If yes, please list class/endorsements

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: _____