

Selkirk First Nation
Application for Employment

PLEASE PRINT CLEARLY

Full Name:	
Address:	City:
Postal Code:	Phone:
Email:	Business Phone:
Birthdate:	SFN Citizenship: YES NO

Position Applied for: _____

☐ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary

When can you start: _____

EDUCATION:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	CERTIFICATE ATTAINED

HAVE YOU EVER BEEN CONVICTED OF A CRIME: **YES** **NO**

If yes, please explain:

WORK HISTORY:

NAME	LOCATION	FROM (DD/MM/YY)	TO (DD/MM/YY)	REASON FOR LEAVING

MAY WE CONTACT YOUR PREVIOUS EMPLOYER? **YES** **NO**

Do you have a Driver's License:

YES

NO

Are you currently on the SFN Drivers List:

YES

NO

Please indicate what experience you have that is relevant to the position you are applying for:

Please list all valid certification you possess:

ARE YOU WILLING TO TAKE TRAINING FOR THIS JOB:

YES

NO

I, _____, hereby declare that all information in this application is true and accurate and understand that providing false information will result in the termination of this application.

Signature

Date