# 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"
- Attach a copy of your attendance record for the current school year (September-March)
- Complete and include a signed *Authorization for Release of Information* form
- Submit your full application package either:
  - By email to cdm@wlfn.com with the subject line "Summer Student Application – [Your Full Name]"
  - Or in-person at Front Reception

| **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) | **1.**<br>**2.**<br>**3.** | | |

| **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?** | ☐ **Yes**<br>☐ **No** |
| **Do you have an active AED First Aid Certification?** | ☐ **Yes**<br>☐ **No** |

| EMPLOYMENT HISTORY | | |
|---|---|---|
| 1 | Employers Name, Address & Phone Number | |
| | Supervisor Name | |
| | Job Title & Duties | |
| | Dates Worked | From: To: |
| | Can we contact them for references? | ☐ Yes<br>☐ No |
| 2 | Employers Name, Address & Phone Number | |
| | Supervisor Name | |
| | Job Title & Duties | |
| | Dates Worked | From: To: |
| | Can we contact them for references? | ☐ Yes<br>☐ No |
| 3 | Employers Name, Address & Phone Number | |
| | Supervisor Name | |
| | Job Title & Duties | |
| | Dates Worked | From: To: |
| | Can we contact them for references? | ☐ Yes<br>☐ No |

| | |
|---|---|
| **Please indicate the highest class of a valid Ontario Driver's Licence you currently hold** | ☐ **G1**<br>☐ **G2**<br>☐ **G**<br>☐ **No License** |
| **Have you participated in any community volunteer work, either recently or in the past?** | ☐ **Yes**<br>☐ **No**<br><br>**If "Yes", please provide details:** |
| **Do you have any disabilities, or accessibility needs you would like us to be aware of for accommodation purposes?** | ☐ **Yes**<br>☐ **No**<br><br>**If "Yes", please explain:** |

**Please list any additional references (include their full name, relationship to you, and contact number), if applicable**

**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**
☐ **Attached my attendance records (September – March)**
☐ **Included a signed *Authorization for Release of Information* form**

**Signature:** _____ **Date:** _____

**Print Name:** _____

ATIKAMEKSHENG
ANISHNAWBEK

# AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the staff and/or faculty
*(Parent/Guardian or Student if 18+)*

of _____ to release information related to academic
*(Name of Secondary School)*

progress and attendance of:

**Student Name:** _____

This release pertains to attendance records from *September 2024* to *March 31, 2025*.

The information is to be provided, upon request, to the Community Skills Development Manager of Atikameksheng Anishnawbek for the purpose of assessing the student's eligibility for summer employment opportunities within the First Nation.

I have read and fully understand the above and consent to the release of information.

_____ _____
***Signature of Parent/Guardian or Student (if 18+)*** ***Date***

**ADMINISTRATION OFFICE**
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