



AKWESASNE AREA MANAGEMENT BOARD SUMMER EMPLOYMENT FOR STUDENTS EMPLOYER / EMPLOYEE DECLARATIONS

A.A.M.B. USE:

FILE NUMBER:	BUDGET OPTION: YOUTH / REGULAR	FORM TYPE: ORIGINAL / AMEND	AMEND NO:
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THIS FORM MUST BE COMPLETED ON THE FIRST DAY OF WORK FOR AND BY EACH EMPLOYEE. ANY CLAIM (S) FOR COSTS INCURRED WILL NOT BE PROCESSED UNTIL THIS FORM HAS BEEN ACCURATELY COMPLETED AND RECEIVED BY THE AKWESASNE AREA MANAGEMENT BOARD.

EMPLOYER INFORMATION:

EMPLOYER NAME:				
MAILING ADDRESS:				
CITY	POSTAL CODE	TEL. NO:	CONTACT PERSON:	
JOB INFORMATION:				
START DATE:	END DATE:	POSITION TITLE:	HOURS PER WEEK:	HOURLY / WEEKLY RATE
_____	_____	_____	_____	_____
<p>I/WE HEREBY DECLARE THAT NO PREFERENCE WAS GIVEN TO THE SELECTION OF THE EMPLOYEE WHO IS A MEMBER OF THE IMMEDIATE FAMILY OF AN EMPLOYER OR OF A DIRECTOR OR SENIOR MEMBER OF THE EMPLOYER.</p> <p>EMPLOYER MEANS THE INDIVIDUAL OR ORGANIZATION RECEIVING FUNDING FROM A.A.M.B. TO CONDUCT A PROJECT.</p> <p>THE IMMEDIATE FAMILY IS DEFINED AS: FATHER, MOTHER, STEP-FATHER, STEP-MOTHER, FOSTER PARENT, BROTHER, SISTER, SPOUSE (INCLUDING COMMON-LAW SPOUSE), CHILD (INCLUDING CHILD OF COMMON-LAW SPOUSE), STEP CHILD, WARD, FATHER-IN-LAW, MOTHER-IN-LAW, AND RELATIVE WITH WHOM THE PERSON PERMANENTLY RESIDES.</p>				
SIGNATURE OF EMPLOYER:				DATE:
_____				_____

EMPLOYEE DECLARATION:

EMPLOYEES FULL NAME:	TELE. NO:	SOCIAL INSURANCE NO: MANDATORY	
_____	_____	_____	
NAME OF EDUCATIONAL INSTITUTION	LAST GRADE COMPLETED:	FIELD OF STUDY:	
_____	_____	_____	
LEVEL OF EDUCATION:	ELEMENTARY:	SECONDARY	POST SECONDARY:
_____	_____	_____	_____
<p>THE INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE UNEMPLOYMENT INSURANCE ACT AND WILL BE USED FOR STATISTICAL AND RESEARCH PURPOSES. THIS INFORMATION WILL BE RETAINED IN THE PERSONAL INFORMATION BANK AT THE AKWESASNE AREA MANAGEMENT BOARD. UNDER THE PROVISIONS OF THE PRIVACY ACT AND THE ACCESS TO INFORMATION ACT, INDIVIDUALS HAVE THE RIGHT TO PROTECTION OF AND ACCESS TO THEIR PERSONAL INFORMATION.</p>			
<p>I HEREBY DECLARE THAT I AM LEGALLY ENTITLED TO WORK IN CANADA, THAT I WAS A FULL-TIME STUDENT DURING THE PRECEDING ACADEMIC YEAR AND THAT I INTEND TO RETURN TO SCHOOL FULL-TIME THE UP-COMING ACADEMIC YEAR. I DO NOT HAVE ANY OTHER FULL TIME JOBS (I.E. 25 HOURS OR MORE PER WEEK) FOR THE DURATION SPECIFIED ABOVE.</p>			
SIGNATURE OF EMPLOYEE			DATE:
_____			_____

FOR STATISTICAL PURPOSES ONLY (IF YOU PREFER NOT TO PROVIDE THE INFORMATION REQUESTED BELOW, YOUR ELIGIBILITY TO PARTICIPATE ON THE PROGRAM WILL NOT BE AFFECTED:

DATE OF BIRTH:	SEX:	DATE OF INPUT INTO ALPHA 4/INITIALS
_____	MALE: _____ FEMALE: _____	_____

OFFICIAL USE ONLY:

ORG TYPE:	PROJECT OFFICER:	NOC CODE:	S.I.C. CODE:	ACTIVITY CODE:	
_____	_____	_____	_____	_____	_____