



Akwesasne Area Management Board

PO Box 965 Cornwall Ontario K6H 5V1
613-575-2626 Fax: 613-575-2863.
www.aamb.ca

This Form **MUST** be completed in **FULL** to be valid.

SUMMER STUDENT EMPLOYMENT APPLICATION FORM

For Office Use: SEED COLLEGE PREP Year: 20____

File #:	Hire Date:
Employer:	End Date:
Job Title:	NOC:

Applicant's Name:	
Street Address:	City:
Province:	Postal Code:
Phone Number:	Alt. Phone Number:
Social Insurance Number:	Band Number:
Email Address:	
Are you disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Disability:
Date of Birth(MM/DD/YY):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Number of Dependents:	Ages:
Are you a Social Assistance recipient? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Where you a student during the previous school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will you be a returning student for the upcoming school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Where?

Name of Junior High or High School Attended:	
Address:	
List Grade Completed:	
Name of College or University Attended:	
Address:	
List Grade Completed:	Course of Study:

Do you possess any of the following skills? Check all that apply.

<input type="checkbox"/> Filing	<input type="checkbox"/> Shorthand	<input type="checkbox"/> Child Care	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Typing	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Babysitting	<input type="checkbox"/> Answering Phones
<input type="checkbox"/> First Aid	<input type="checkbox"/> CPR	<input type="checkbox"/> Manual Labor	

Other: _____

Do you have any experience with any of the following? Check all that apply.

<input type="checkbox"/> Cash Register	<input type="checkbox"/> Photocopier	<input type="checkbox"/> Computer	<input type="checkbox"/> Phone System	<input type="checkbox"/> Fax	<input type="checkbox"/> Printer
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> MS Excel	<input type="checkbox"/> MS Outlook	<input type="checkbox"/> MS Access	<input type="checkbox"/> MS Publisher	<input type="checkbox"/> MS Power Point
<input type="checkbox"/> Desktop Publisher	<input type="checkbox"/> Internet	<input type="checkbox"/> Adobe Photo Shop	<input type="checkbox"/> Windows (Circle Versions)	XP	Vista
				Windows 7	Windows 8

Please list any equipment that you have experience with in the following categories:

Lawn Care: _____

Carpentry: _____

Mechanic: _____

Other: _____

Do you have a Resume? YES NO

*If you would like assistance with interview techniques, preparing a resume, or job hunting, the AAMB has the resources available that can assist you. It would be to your advantage to have a resume for the employer to review.

Do you have access to transportation? YES NO

Do you have a valid driver's license? YES NO

Driver's Information: Class: _____ Number: _____ Province/State: _____ Expiry Date (MM/DD/YY): _____

Which District of Akwesasne would you prefer to work in?

Snye St. Regis Cornwall Island Hogansburg Does not matter

Date available for work (MM/DD/YY): _____

What type of work would you consider doing this summer? (Rank 1st choice, 2nd choice, 3rd choice)

_____ Office _____ Carpentry _____ Laborer _____ Health _____ Recreational _____ Research _____ Environmental _____ Child Care

Other (please specify): _____

Employment History (If any):

Name of Employer: _____

Job Title: _____

Job Duties: _____

Rate of pay: _____

Start and End Dates (MM/DD/YY): _____

Reason for leaving: _____

Employment History: (If any)

Name of Employer: _____

Job Title: _____

Job Duties: _____

Rate of pay: _____

Start and End Dates (MM/DD/YY) _____

Reason for leaving: _____

I hereby declare that the following information is true and complete to my knowledge.
 I understand that a false statement may disqualify me from employment or cause my dismissal.

Signature: _____ Date: _____

