



Moose Cree First Nation  
PO Box 190  
Moose Factory, Ontario  
P0L 1W0  
Tel: 705-658-4619  
Fax: 705-658-4734

## Application for Summer Work Experience 2018

Positions of Interest: #1 \_\_\_\_\_

#2 \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License: Yes No Social Insurance Number: \_\_\_\_\_

Status Card Number (10 Digits): \_\_\_\_\_

### Education

#### Secondary School

#### Post Secondary

Highest Grade/Level Completed: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Certificate/Diploma Received: \_\_\_\_\_

Length of Program: \_\_\_\_\_

Diploma/Certificate: \_\_\_\_\_

Are you a Full-time student for the academic year 2016/2017? Yes No

Are you planning on returning to school in September 2017? Yes No

What are your career goals? Please explain: \_\_\_\_\_

### Related Skills

Describe any skills that may be related to the position(s) applied for:

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**Previous Employment**

Name of Present/Last Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Present/Last Job Title: \_\_\_\_\_ Period of Employment: \_\_\_\_\_

Present/Last Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Present/Last Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Present/Last Job Title: \_\_\_\_\_ Period of Employment: \_\_\_\_\_

Present/Last Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**For Employment purposes, may we contact?**

Present/Last Employer? Yes  No

Former Employer(s)? Yes  No

Extra Curricular Activities? (Athletics, civics, etc.): \_\_\_\_\_

Are the additional documents attached (optional):  
Cover Letter?   
Resume?   
CPIC?

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

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date