

**SUMMER STUDENT
EMPLOYMENT APPLICATION 2024**

NAME: _____ TELEPHONE: _____

ADDRESS: _____

AGE: _____ DATE OF BIRTH: _____ FULL BAND NUMBER _____

BAND NAME: _____

SOCIAL INSURANCE NUMBER _____

1ST CHOICE POSITION _____

2ND CHOICE _____

3RD CHOICE _____

UNIVERSITY/COMMUNITY COLLEGE STUDENTS - Please sign on the line to give permission for Art Stevens and/or Monica Sani to release this year's post-secondary records to the hiring committee:

NAME AND TELEPHONE NUMBERS OF TWO REFERENCES WHO **ARE NOT FAMILY MEMBERS** AND WHO KNOW OF YOUR WORK ETHICS THAT WE MAY CONTACT:

YOUR VALID EMAIL ADDRESS _____

I hereby certify that the information in this application form is true and correct to the best of my knowledge. I understand that if any of it is found to be untrue, this application may be rejected.

SIGNATURE OF APPLICANT

DATE

*** Office use only.**

Received on _____

| | |
|-----------------------|--------|
| Cover Letter Attached | YES/NO |
| Resume Attached | YES/NO |
| Application Completed | YES/NO |