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Summer Student - Employment Application Form – 2025

Please complete the requested information below (please print or type).

Applicant Information		
Full name:		
Address:		
City:	Province:	Postal code:
Primary number: ()	Cell phone number: ()	
E-mail address:		
Are you legally authorized to work in Canada? (circle) Yes No		
Are you of legal age to work in (insert province)? (circle) Yes No		
Have you ever interviewed with Wasauksing First Nation in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: Location _____ Date (mm/yy) _____		
Have you worked for us before? (circle) Yes No		
If yes: Location _____ Years _____		
Have you been convicted of a criminal offence for which a pardon has not been granted? (circle) Yes No		
Are you bondable? (circle) Yes No		

Position Desired

Please provide your weekday hours availability below. (Your unavailability to work on any particular day will not necessarily disqualify you from employment with Wasauksing First Nation)								
	All Days	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning								
Afternoon								
Evening								
Night								

[Type here]



Education

Type of School	Highest Grade or Year Completed	Name of School and Course of Study or Major	Date Attended (dd/mm/yy)
High school or equivalent	9 10 11 12 13		
College or university	1 2 3 4		
Vocational or trade school			
Graduate school			
Other			

List any other certifications or licences you currently possess:

-
-
-

Work History

Please see attached resume & references

(Summer Students: References can be work, educational, personal and sports equivalent)

OR

Start with your most recent employer. You may include as part of your employment history any work performed on a volunteer basis, but please do not include specific information concerning membership in organizations which are identified by religion, cultural, ethnic background, or any other prohibited grounds of discrimination.

Position One	
Employer name:	
Employer phone number:	
Start date (mm/yy):	End date (mm/yy):
What was your position or job title?	
What were your duties or responsibilities in this position?	

[Type here]



Why did you leave?	
May we call your previous supervisor? (circle) Yes No	Supervisor name:
	Phone number:

Position Two	
Employer name:	
Employer phone number:	
Start date (mm/yy):	End date (mm/yy):
What was your position or job title?	
What were your duties or responsibilities in this position?	
Why did you leave?	
May we call your previous supervisor? (circle) Yes No	Supervisor name:
	Phone number:

If you wish to add additional positions to your employment history, please ask for an additional application.

Applicant Signature

Please read carefully before authorizing. This application is not valid unless your name as authorization is signed or written in the signature space provided below. <i>(Note: If this application is submitted electronically, it is not valid unless your name is keyed in the signature space provided below).</i> Your authorization on this application form is your consent that as a condition of being considered for employment at Wasauksing First Nation references about past work performance that have been provided and authorized on this form will be contacted at the information provided. <i>I certify that the information provided in this application or attachments or resume is true and complete. I understand that if any information in this application or its attachments or resume is found to be untrue or incomplete, my application may be rejected, or I may be terminated for just cause if I am the successful applicant.</i>	
Applicant signature:	
Date signed: (dd/mm/yy)	Earliest available start date: