



## Summer Student Application- Due **\*\*JUNE 19, 2015\*\***

- 1) First and last name: \_\_\_\_\_
- 2) Date of Birth: ( D D/M M/Y Y Y Y ) \_\_\_\_\_
- 3) Sin number: \_\_\_\_\_
- 4) Band/ Status number: \_\_\_\_\_
- 5) Phone number: \_\_\_\_\_
- 6) Address: \_\_\_\_\_
- 7) Messages can be left at: \_\_\_\_\_
- 8) Position applying for: \_\_\_\_\_
- 9) Relevant work experience: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

10) Please circle all the training that you have received

First Aid/ CPR	2012 or older	2013	2014	None
Drivers License	G1	G2	Full G	None
WHIMIS	2013 or older	2014		None
Chain Saw	2012 or older	2013	2014	None

Other Relevant Training and expiry dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11) School attended 2014/ 2015 school year:      High School                      College                      University

Name of school attended (2014/ 2015): \_\_\_\_\_

School attending September 2015:              High School                      College                      University

Name of school you will be returning to in the fall: \_\_\_\_\_

12) For second semester number of classes enrolled in: \_\_\_\_\_

13) For second semester number of credits expected to achieve: \_\_\_\_\_

14) Attached transcript/ attendance record from second semester :                      YES                      NO

*If not attached it will be provided by student **ASAP** to Nicole Simpson*

***\*\*STUDENTS **MUST** HAVE BEEN ATTENDING SCHOOL AND  
PASSING CLASSES TO SECURE EMPLOYMENT\*\****

Please fax your application, resume, transcript and proof of attendance to (807) 822-2146 or drop off **fully completed** applications to the Ontario Works Training and Education Center.

**Attention: NICOLE SIMPSON** by JUNE 19, 2015.

Any application received after **\*\*JUNE 19, 2015\*\*** will not be considered