



ALL FIELDS ARE MANDATORY

PLEASE PRINT CLEARLY

Applicant Personal Information

Name: _____ SIN#: _____

Address: _____ Telephone #: _____

_____ Fax #: _____

_____ E-mail: _____

Gender: Male Female Date of Birth: _____

Marital Status: Single Married Other No. of Dependents: _____

Preferred Language: English French Other _____

Highest Level of Education Attained: _____

Grade Level completed: _____ Year: _____

Post-Secondary completed: _____ Year: _____

Qalipu Mi'kmaq First Nation Band Registration Number: _____

If you're not a member of the Qalipu Mi'kmaq First Nation Band, please indicate the Band or Organization in which you are a member: _____

Do you have a disability? Yes No

If "yes", please specify: _____

Are you currently registered as a full-time student? Yes No

If "yes", please indicate program of study and institution:

Program of study: _____

Institution: _____

Do you intend on returning to full-time studies in September 2018? Yes No



Please state your employment goals:

Please indicate any barriers you have to employment:

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Education |
| <input type="checkbox"/> Lack of Labour Force Attachment | <input type="checkbox"/> Economic |
| <input type="checkbox"/> Lack of Work Experience | <input type="checkbox"/> Dependent care |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Lack of marketable skills |
| <input type="checkbox"/> Remoteness | <input type="checkbox"/> Physical, emotional, or mental health |
| <input type="checkbox"/> Language | |
| <input type="checkbox"/> Other barrier(s) not listed above: _____ | |
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Declaration

Applications may also be used for public documents such as Minutes, Work Force Qalipu Reports, Board Kits etc. The Qalipu Mi'kmaq First Nation Band agrees to share this information with Service Canada or Aboriginal Affairs and Northern Development Canada.

I understand that Work Force Qalipu will contact me through e-mail and I understand that it is my responsibility to notify Work Force Qalipu if any of the above contact information changes.

Signature of Applicant

Date of Application (Month/Day/Year)



Qalipu
FIRST NATION

**RCMP/Qalipu First Nation Band
Summer Student Program Application**

Submit Applications To:

Work Force Qalipu
RCMP/Qalipu Mi'kmaq First Nation Band Summer Student Program
Attention: Vickie MacDonald
3 Church Street
Corner Brook, NL A2H 2Z4

E-mail: vmacdonald@qalipu.ca

For more information, please call: 1-709-634-6893

FAXED APPLICATIONS CANNOT BE ACCEPTED

**YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE
IF THE FOLLOWING ARE NOT ATTACHED:**

- Completed RCMP/Qalipu Mi'kmaq First Nation Summer Student Program Employment Program Application;
- Resume;
- Cover Letter;
- Copy of Valid Driver's License;
- Confirmation of Enrollment in full-time studies; and,
- Current Certificate of Conduct.

All applications must be received no later than 4:00 P.M. on Friday, February 24th, 2017