



**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: \_\_\_\_\_

Are you a member of the Qalipu First Nation Band? Yes  No

If not, are you of Aboriginal Ancestry? Yes  No

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? Yes  No

Please state your employment goals:

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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: _____ |  |

**Declaration**

**Applications may also be used for public documents such as Minutes, Education & Training Reports, Board Kits etc. Qalipu First Nation agrees to share this information with Service Canada or Aboriginal Affairs and Northern Development Canada.**

**I understand that Qalipu First Nation will contact me through e-mail and I understand that it is my responsibility to notify Education & Training if any of the above contact information changes.**

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Signature of Applicant

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Date of Application (Month/Day/Year)



**Qalipu**  
FIRST NATION

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

**Submit Applications To:**

Education & Training  
RCMP/Qalipu First Nation Summer Student Program  
Attention: Vickie MacDonald  
3 Church Street  
Corner Brook, NL A2H 2Z4

E-mail: [vmacdonald@qalipu.ca](mailto: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 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 21, 2020**