



Work Force  
Qalipu

## RCMP/Qalipu Mi'kmaq First Nation Band Summer Student Program Application

**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 2016? Yes ☐ No ☐



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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, 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)



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## RCMP/Qalipu Mi'kmaq First Nation Band Summer Student Program Application

### **Submit Applications To:**

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

E-mail: [kduffy@qalipu.ca](mailto:kduffy@qalipu.ca)

For more information, please call: 1-709-634-5048

**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;
- 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 19<sup>th</sup>, 2016**