

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:

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.

Signature of Applicant

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
PO Box 460
St. George's, NL
A0N 1Z0

E-mail: y_macdonald@qalipu.ca

For more information, please call: 1-709-647-3514

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 Thursday, December 31, 2020