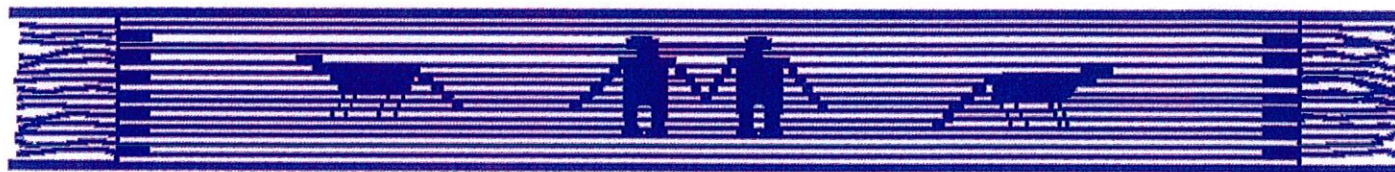


MOHAWK COUNCIL OF AKWESASNE

EMPLOYMENT APPLICATION



EMPLOYMENT APPLICATION

INSTRUCTIONS:

- **SUBMIT A RESUME WITH THIS APPLICATION**
- Type or print clearly – **USE PEN**
- With your permission, information gathered in this application may be passed on to potential employers for employment purposes. Please indicate whether or not you wish to give your consent by signing the back of this application.

GENERAL INFORMATION:

Today's date: / /
 M D Y

Name: _____ Phone # _____

Mailing Address: _____ Cell # _____

_____ Other# _____

E-mail Address (optional): _____

What type of work are you looking for? (Please be specific)

1. _____ 2. _____

Are you legally eligible to work in Canada? Yes No

Do you have a valid Driver's License?	Yes	No

Do you have access to transportation?	Yes	No
1. Do you have access to a car or van?		
2. Do you have access to a wheelchair or other mobility device?		
3. Do you have access to a public transportation system?		
4. Do you have access to a taxi or ride-sharing service?		
5. Do you have access to a family member or friend who can drive you?		
6. Do you have access to a community center or other organization that provides transportation?		
7. Do you have access to a hospital or other medical facility that provides transportation?		
8. Do you have access to a government agency that provides transportation?		
9. Do you have access to a religious organization that provides transportation?		
10. Do you have access to a volunteer organization that provides transportation?		

Have you ever been convicted of a criminal offense,		
that has not been pardoned pursuant to the Criminal Records Act?	Yes	No
<i>(Please attach a copy of your Criminal Record Check Form if required by the Program)</i>		Not Applicable

EDUCATION:

Did you complete High School/obtain GED? Yes No

If No, what was the highest grade completed? _____

POST SECONDARY:

Program: _____

Major/Minor: _____

Educational Institution: _____

Type of Degree Obtained: _____

Is it (circle one): Completed Incomplete In Progress

Program Name: _____

Major/Minor: _____

Educational Institution: _____

Type of Degree Obtained: _____

Is it (circle one): Completed Incomplete In Progress

OTHER SPECIALIZED TRAINING: Certifications, etc:

EMPLOYMENT REFERENCES:

*This section must be filled out. *These references may be contacted for employment purposes.

1. Present Employer: _____

Job Title: _____

Employment From: _____ To: _____

Phone No.: _____

Name of Supervisor: _____

2. Former Employer: _____

Job Title: _____

Employment From: _____ To: _____

Phone No.: _____

Name of Supervisor: _____

3. Former Employer: _____

Job Title: _____

Employment From: _____ To: _____

Phone No.: _____

Name of Supervisor: _____

4. Former Employer: _____

Job Title: _____

Employment From: _____ To: _____

Phone No.: _____

Name of Supervisor: _____

WORKPLACE EXPERIENCE: Please check all areas you have worked in.

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Environment/Conservation | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Archival | <input type="checkbox"/> Government | <input type="checkbox"/> Office/Clerical |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Health Care/Health | <input type="checkbox"/> Personal Support Worker/HCA |
| <input type="checkbox"/> Caretaker/Janitorial | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Computers/Data Processing/I.T. | <input type="checkbox"/> Justice/Court Systems | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Security |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Maintenance/Laborer | <input type="checkbox"/> Social Work/Services |
| <input type="checkbox"/> Education/Teaching | <input type="checkbox"/> Management/Supervisory | <input type="checkbox"/> Technical Services |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Medical | <input type="checkbox"/> Traditional Support |

☐ Specified Trade: _____

(Carpentry, Electrician, Plumber, etc.)

☐ Other (please Specify): _____

HEALTH SECTOR ONLY:

Is your immunization up to date?	Yes	No
<i>(Please attach a copy of your immunization record)</i>		
Do you have a license and/or certificate in the health field?	Yes	No
<i>(Please attach a copy of any licenses and/or certificates)</i>		
Availability:	Part-time	Full-time
Casual shift preference:	Day	Night
Are you fit and capable to perform all physical requirements of this position including lifting and transferring heavy objects?	Yes	No

COMPUTER SKILLS: Please check all experience you have.

- | | | |
|---|--|--|
| <input type="checkbox"/> ACCPAC/Simply Accounting | <input type="checkbox"/> Microsoft Publisher | <input type="checkbox"/> Multimedia |
| <input type="checkbox"/> CorelDraw | <input type="checkbox"/> Microsoft Explorer | <input type="checkbox"/> Presentation Software |
| <input type="checkbox"/> Lotus 1-2-3 | <input type="checkbox"/> Internet | <input type="checkbox"/> Spreadsheet(s) |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> WordPerfect | <input type="checkbox"/> Word processing |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> E-mail |
| <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Graphics Software | <input type="checkbox"/> Other _____ |

CONSENT TO RELEASE INFORMATION: This section must be filled out, check one

- ☐ I Agree ☐ I Disagree, to sharing information on this form for the purpose of employment.

Applicant's Signature

Date

Mohawk Council of Akwesasne

Human Resources

P.O. Box 579

Cornwall, Ontario

K6H 5T3

www.akwesasne.ca

Phone: (613) 575-2250

Fax: (613) 575-2181

Publication Date: April 1, 2005

Form: EA,

Revision 3