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# APPLICATION FOR SUMMER EMPLOYMENT

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STUDENT INFORMATION		
Name	First	Last
	Preferred Name	
Address*	Street Address	
	City	Province
	Postal Code	
Contact Information	Primary Phone Number	
	Email	

EMERGENCY CONTACT INFORMATION		
Name	First	Last
	Street Address	
Address*	City	Province
	Postal Code	
	Primary Phone Number	
Contact Information	Email	

OTHER INFORMATION		
How did you hear about the Mohawk Council of Akwesasne Summer Employment Program? *		
<input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other		
Are you between the ages of 16 and 29?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What is your date of birth?	_____ MM / DD / YYYY	
Do you have a bank account? *	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have reliable transportation?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have reliable transportation? *	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have your driver's license? *	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a social insurance number? *	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Home Community</b>		
What areas of the community would be most convenient for you to work in? (Check all that apply)* <input type="checkbox"/> Kawehnoke <input type="checkbox"/> Kanatakon <input type="checkbox"/> TsiSanihne		

## EDUCATION INFORMATION

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Program or Diploma Name /OSSD/OSSC

\_\_\_\_\_  
Year Completed

Have you received any other diplomas or certificates? \*

☐ YES

☐ NO

If yes, please list:

Have you received any training or certifications?  
(for example, Safe Food Handling, Smart Serve,  
WHIMIS, etc.)

☐ YES

☐ NO

If yes, please list:

## Areas of Interest

Please number the top 5 jobs/fields that you may be interested in, in order of preference (1 being the one you prefer the most). For the remaining 4 options, please select "N/A":

General Labour (heavy lifting/moving)\*

1	2	3	4	5	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Office work (filing/clerical duties)

1	2	3	4	5	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Outdoor work (grass cutting/weeding)

1	2	3	4	5	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Maintenance (painting/cleaning)

1	2	3	4	5	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Kitchen (dishes/food prep)

1	2	3	4	5	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Janitorial (washing floors/windows/sweeping)\*

1	2	3	4	5	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If interested in another job/field, please describe below:

Why are you interested in these jobs?

Please list any additional skills or interests you have that may be helpful to secure the best job match.

## EXPERIENCE

### Position 1

Employer

Start Date

End Date

Street Address

Address\*

City

Province

Postal Code

Phone Number

Contact  
Information

Supervisor Name (First, Last)

Job Title

Can we contact the Supervisor? \*

☐ YES

☐ NO

Briefly describe duties & responsibilities

### Position 2

Employer

Start Date

End Date

Street Address

Address\*

City

Province

	<div>Postal Code</div>	<div>Phone Number</div>
Contact Information	<div>Supervisor Name (First, Last)</div>	
	<div>Job Title</div>	
Can we contact the Supervisor? *		<input type="checkbox"/> YES <input type="checkbox"/> NO
<div>Briefly describe duties &amp; responsibilities</div>		

## REFERENCES

### Reference #1

Contact  
Information

Organization

First

Last

Telephone

Email

### Reference #2

Contact  
Information

Organization

First

Last

Telephone

Email

## CONSENT

I agree to the following:

I hereby grant permission to Mohawk Council of Akwesasne to contact previous employers, schools, and other organizations indicated on this application (unless indicated otherwise) and I hereby authorize my former employers, schools and other organizations indicated to provide information concerning employment, education and/or character.

I hereby release those individuals or organizations from any and all liability and damages for providing such information.

I hereby declare that the information contained in this application is true and complete to the best of my knowledge. I understand that any omission or misrepresentation of information on this application may disqualify me from Summer Employment with the Mohawk Council of Akwesasne.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Are you 18 years or older? \*

☐ YES

☐ NO

If under the age of 18, please have your parent/legal guardian draw their signature in the box below:

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**