



# *Lac La Ronge Indian Band*

## 2019

### Summer Student Employment Program Application: **High School Student**

**Application Deadline: June 14<sup>th</sup>, 2019**

Post-Secondary Education

Post Office Box 399

AIR RONGE, SASKATCHEWAN S0J 3G0

Office Phone: (306) 425-4938 Office Fax: (306) 425-3030

Email: [summer\\_employment@llribedu.ca](mailto:summer_employment@llribedu.ca)

**STUDENT NAME:** \_\_\_\_\_

**For office use only:**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

FAX

Mail

Dropped off

Other: \_\_\_\_\_

**LA RONGE INDIAN BAND  
APPLICATION FOR SUMMER STUDENT EMPLOYMENT PROGRAM**

**Eligibility**

- Must be a member of the LLRIB.
- Must be a current high school student and returning to school in the fall
- Must have a Social Insurance Number (SIN#)
- Must be 15-30 years of age in the 2019 calendar year

**Criminal Record and Child Abuse checks may also be requested at any time during the application and/or employment period.**

**Applications must be received by the deadline dates  
Applications must be complete in order to be considered**

**Application Deadlines: June 14<sup>th</sup> 2019**

Application documentation attached, please provide comment if PENDING:

On file PENDING

- 
- A cover letter
- 
- A copy of your most current resume with references
- 
- A signature from your principal/vice-principal or your latest transcript
- 
- A criminal record check
- 

**Privacy Act Statement**

The information you provide on this document is for the purpose of resourcing and administering Summer Student Employment. Personal information that you provide is protected under the provision of the Privacy Act.

**STUDENT INFORMATION** (Please Print, ineligible writing will cause a delay in processing your application)

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Alias / Nickname: \_\_\_\_\_

Treaty#: \_\_\_\_\_ (Please provide all 10 digits)

SIN#: \_\_\_\_\_

Date of Birth:            Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Sex:     Male             Female

**Must provide** valid E-mail Address: \_\_\_\_\_

Cell phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_             Call & Text             Text-only

Land line phone number:    (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_             Not Available

*Emergency Contact person name:* \_\_\_\_\_

*Phone # for contact:* (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_            City/Town: \_\_\_\_\_

Prov. \_\_\_\_\_            Postal Code: \_\_\_\_\_

**House Number:** \_\_\_\_\_ Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov. \_\_\_\_\_

**Must identify a home Community:**

Lac La Ronge

Sucker River

Hall Lake

**HIGH SCHOOL EDUCATION**

Last grade completed: \_\_\_\_\_

Will you be returning to school?  YES  NO

Which grade will you be in the 2019-2020 school year? \_\_\_\_\_

**Please be advised that BEFORE handing this application in, you MUST get this document signed by your principal or vice-principal to confirm your attendance this past year or provide an updated transcript.**

\_\_\_\_\_  
**Principal or Vice-Principal Signature**

***\*\*\*\*Please attach your resume and cover letter to this application\*\*\*\****

**ADDITIONAL INFORMATION**

Were you a previous Summer Student with the Lac La Ronge Indian Band?  YES  NO

If YES, Where did you work? \_\_\_\_\_

Preference of Placement (Ex- Youth Haven, Recreation, Bands Department, Band Business): \_\_\_\_\_

- Do you have a valid Driver's License?  YES  NO Learners
- Do you have First Aid/ CPR Training?  YES  NO Expiry Date: \_\_\_\_\_
- Do you have Safe Food Handling Certificate?  YES  NO Expiry Date: \_\_\_\_\_
- Do you have a Boat License?  YES  NO Expiry Date: \_\_\_\_\_
- Do you have Play Leadership certificate?  YES  NO Expiry Date: \_\_\_\_\_

Other Training Courses completed: \_\_\_\_\_

\_\_\_\_\_

**\*\*\*Must Provide\*\*\***

**First Available Date You Can Start Working:** \_\_\_\_\_

**Last Day Available to Work (End Date):** \_\_\_\_\_

**Please read and initial each of the following:**

\_\_\_\_ I declare that the information provided by me on the application form is complete and correct to the best of my knowledge.

\_\_\_\_ I understand that a false statement may disqualify me from employment, or cause my dismissal.

\_\_\_\_ I hereby give permission to the Lac La Ronge Indian Band Post-Secondary Summer Student Employment Program to verify or confirm with any source the correctness and accuracy of the information contained in this application.

*Student Signature:* \_\_\_\_\_

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

***Thank you for applying with the Summer Student Employment Program, however only selected candidates will be contacted. We encourage you to apply again in the future.***