



# *Lac La Ronge Indian Band*

## 2020

# Summer Student Employment Program Application: Post-Secondary Student

**Application Deadlines: June 19<sup>th</sup>, 2020**

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 or post-secondary funded student, and returning to school in the fall

Must have a Social Insurance Number (SIN#)

Must be 15-30 years of age

**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 19<sup>th</sup>, 2020**

Application documentation attached, please provide comment if PENDING:

On file PENDING

---

A cover letter

---

A copy of your most current resume with references

---

A copy of your letter of acceptance or Class Registration

---

**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

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

**PROGRAM OF STUDIES YOU ARE CURRENTLY ENROLLED IN**

Current Program: \_\_\_\_\_

Will you be returning to the same program Fall 2020?  YES  NO

What year of study are you going to be entering (Ex- 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)? \_\_\_\_\_

Will you be funded by Post-Secondary?  YES  NO  UNKNOWN (Applied Before Deadline)

Institution Acceptance:  Yes ~ Acceptance letter attached

Unknown at this time

*Please attach your letter of acceptance into the program, 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.***