

## Summer Student Employment Program Application: <u>High School Student</u>

Application Deadline: June 28th, 2024

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

STIIDENT NAME:

For office use only	<u>":</u>		
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

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 Deadline: June 28th, 2024**

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
Privacy	y Act Statem	<u>ent</u>
The inf	ormation you	provide on this document is for the purpose of resourcing and administering Summer
Student	Employment	t. Personal information that you provide is protected under the provision of the Privacy
Act.		

First Name:		_
Middle Name:		_
Last Name:		_
Alias / Nickname:		_
Treaty#:		(Please provide all 10 digits)
SIN#:		<u> </u>
	DayYear	
Sex: Male Female		
t <b>provide</b> valid E-mail Address:		
Cell phone number: ()	Cal	ll & Text Text only
Land line phone number: ()	<del>-</del>	Not Available
Emergency Contact person name:		
Phone # for contact: ()		
Mailing Address:	City/T	Cown:
Prov Postal C	Code:	<u> </u>
House Number:	Stree	t:
City/Town:		
t identify a home Community:	Lac La Ronge	
	Sucker River	
	Hall Lake	GMB

Last grade completed:			
Will you be returning to school? YES			
Which grade will you be in the 2024-2025 school	l year?		
Please be advised that <u>BEFORE</u> handin document signed by your principal or vi past year or provide an updated transcr	ice-principa		
Principal or V	ice-Principal	Signature	
****Please attach your resume	e and cover le	etter to this i	application****
****Please attach your resume ADDITIONAL INFORMATION	and cover le	etter to this (	application****
•		_	
ADDITIONAL INFORMATION	ac La Ronge In	dian Band? [	] YES
ADDITIONAL INFORMATION  Were you a previous Summer Student with the La	ac La Ronge In	dian Band? [	] YES
ADDITIONAL INFORMATION  Were you a previous Summer Student with the Last yes, where did you work?	ac La Ronge In	dian Band? [	] YES
ADDITIONAL INFORMATION  Were you a previous Summer Student with the Last yes, where did you work?	ac La Ronge In	dian Band? [	] YES
ADDITIONAL INFORMATION  Were you a previous Summer Student with the Land If yes, where did you work?  Preference of Placement (Ex- Youth Haven, Recr	ac La Ronge In	dian Band?   Department, B	YES NO and Business):
ADDITIONAL INFORMATION  Were you a previous Summer Student with the Last of yes, where did you work?  Preference of Placement (Ex- Youth Haven, Recruptor Do you have a valid Driver's License?	ac La Ronge In reation, Bands I	dian Band?   Department, B  NO	YES NO and Business):  Learners
ADDITIONAL INFORMATION  Were you a previous Summer Student with the Land If yes, where did you work?  Preference of Placement (Ex- Youth Haven, Recruption Do you have a valid Driver's License?  Do you have First Aid/ CPR Training?	ac La Ronge In reation, Bands I  YES YES	dian Band?  Department, B  NO NO	YES NO and Business):  Learners  Expiry Date:  Expiry Date:
ADDITIONAL INFORMATION  Were you a previous Summer Student with the Land If yes, where did you work?  Preference of Placement (Ex- Youth Haven, Recruptor Do you have a valid Driver's License?  Do you have First Aid/ CPR Training?  Do you have Safe Food Handling Certificate?	ac La Ronge In reation, Bands I YES YES YES	dian Band?  Department, B  NO NO NO	YES NO and Business):  Learners  Expiry Date:

***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.