

Summer Student Employment Program Application: Post-Secondary Student

Application Deadline: June 3rd, 2024

Post-Secondary Education
Post Office Box 399

Air Ronge, Saskatchewan S0J 3G0

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

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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

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Application documentation attached, please provide comment if PENDING:

On file	e PENDING		
		A cover letter	
		A copy of your most current resume with references	
		A copy of your letter of acceptance or Class Registration	
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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.

First Name:		_
Middle Name:		_
Last Name:		_
Alias / Nickname:		_
Treaty#:		_(Please provide all 10 digits)
SIN#:		_
Date of Birth: Month I	0ayYear	_
Sex: Male Female		
t provide valid E-mail Address:		
Cell phone number: ()	Cal	1 & Text Text only
Land line phone number: ()	-	Not Available
Contact person name:		
<i>Phone # for contact:</i> ()		
Mailing Address:	City/T	own:
Prov Postal Co	de:	_
House Number:	Street	::
City/Town:	Prov	_
t identify a home Community:		
	Lac La Ronge	
	☐ Sucker River ☐ Hall Lake	□GMB

PROGRAM OF STUDIES YOU ARE CURRENTLY ENROLLED IN Current Program: Will you be returning to the same program Fall 2024? YES What year of study are you going to be entering (Ex- 1st, 2nd, 3rd)? Will you be funded by Post-Secondary? YES NO UNKNOWN (Applied Before Deadline) Yes ~ Acceptance letter attached Institution Acceptance: 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): Learners Do you have a valid Driver's License? NO | YES Expiry Date: _____ Do you have First Aid/ CPR Training? ☐ YES □ NO Expiry Date: Do you have Safe Food Handling Certificate? YES NO Do you have a Boat License? Expiry Date: YES NO Expiry Date: _____ Do you have Play Leadership certificate? | YES NO Other Training Courses completed:

Must Provide
First Available Date You Can Start Working:
Last Day Available to Work (End Date):
Please read and <u>initial each</u> 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.