



APPLICATION FOR EMPLOYMENT
With the Six Nations Council

PART I GENERAL INFORMATION

Name of Position You Are Applying For (Job Title)			Closing Date of Position		
Name of Applicant:	First Name	Initial	Last Name		
Band Name and Number (if applicable)					
Mailing Address (R.R.#, Blue # & Address)			Home Telephone No.	Cell Phone No.	
City or Town or Village	Province		Postal Code	Email Address	
Do you require accommodation, please indicate? _____	Do you have a valid Class G driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid First Aid/CPR Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had WHMIS training? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have previously worked for Six Nations Council, please answer the following:					
Length of time worked _____ Months _____ Year(s) Dates Employed: _____					
Reason for Leaving _____					
Permission for GREAT to keep a copy of application and contact applicant to assist in obtaining employment. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you wish to work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Casual					
Some positions do require that the applicant must undergo a medical examination as it pertains to the position being applied for. Are you willing to undergo a medical examination if it is required? <input type="checkbox"/> Yes <input type="checkbox"/> No					

PART II EDUCATION

	Secondary School					College or University					Graduate or Professional									
Year Last Attended																				
Level Completed						9	10	11	12	13	1	2	3	4	5	1	2	3	4	5
Certificates, Diplomas, Degrees obtained																				
Course of Study Taken																				
List any specialized Training, Apprenticeship Skills, Awards, Professional Designations, and other Education																				

PART III WORK HISTORY	
I Present or Last Employer	Address:
Type of Business:	Telephone Number:
Your Job Title:	Period Employed:
Name & Title of Immediate Supervisor:	Your reason for Leaving:
Briefly describe your Duties & Responsibilities: _____	

II Previous Employer	Address:
Type of Business:	Telephone:
Your Job Title:	Period Employed:
Name & Title of Immediate Supervisor:	Your reason for Leaving:
Briefly describe your Duties & Responsibilities: _____	

III Previous Employer:	Address:
Type of Business:	Telephone Number:
Your Job Title:	Period Employed:
Name & Title of Immediate Supervisor:	Your reason for Leaving:
Briefly describe your Duties & Responsibilities: _____	

We will be contacting your present and any previous employers listed for a reference check. Besides your Immediate Supervisor who else should we ask to speak with? (List name, job title & phone number)	
1. _____	
2. _____	

****PLEASE READ CAREFULLY****

YOU ARE REQUIRED TO PROVIDE PROOF OF YOUR EDUCATIONAL QUALIFICATIONS AS IT PERTAINS TO THE JOB DESCRIPTION. PLEASE ATTACH A COPY OF YOUR DIPLOMA, DEGREE, CERTIFICATE OR TRANSCRIPT WITH YOUR COVERING LETTER, RESUME AND APPLICATION FORM

By signing this application you are consenting for this employer to contact your previous employers for references.

Authorization:

I have completed this application to the best of my ability and the foregoing statements are correct to the best of my knowledge. I do understand that any misrepresentation may disqualify me from employment or be cause for dismissal. If I am hired, I shall abide by all policies and procedures of the Six Nations Council which includes serving an initial probationary period.

Applicant's Signature

Date