



Lac La Ronge Indian Band

2022

Summer Student Employment Program Application: High School Student

Application Deadline: Friday June 17th 2022

Education; Post-Secondary Department

Post Office Box 399

Air Ronge, Saskatchewan S0J 3G0

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

Email: summer_employment@llribedu.ca

STUDENT NAME: _____

For office use only:

Date Received: _____

Received by: _____

FAX

Mail

Dropped off

Other: _____

LA RONGE INDIAN BAND
SUMMER STUDENT EMPLOYMENT PROGRAM POST-SECONDARY APPLICATION

Please mark to check eligibility

- I am a member of the LLRIB
- I am returning to full time studies in the fall
- I have a Social Insurance Number (SIN#)
- I am between the ages 15-30 years old

Applications and Required Documents must be received by the deadline dates.

Applications must be complete in order to be considered. Criminal Record and Vulnerable Sector checks may be requested at any time during the application and/or employment period.

Application Deadline: Friday June 17th 2022

Application documentation attached, please provide comment if PENDING:

ATTACHED PENDING

-
- | | | |
|--------------------------|--------------------------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | A cover letter |
|--------------------------|--------------------------|----------------|
-
- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A copy of your most current resume with references |
|--------------------------|--------------------------|--|
-
- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | An acceptance letter, confirmation of enrollment, or class registration <u>for Fall 2022</u> |
|--------------------------|--------------------------|--|
-

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.

APPLICANT INFORMATION

(Red Asterisk * indicates a required field. Please print eligibly if writing by hand.)

First Name: _____

Middle Name: _____

Last Name: _____

Alias / Nickname: _____

*Treaty#: _____ (Please provide all 10 digits)

*SIN#: _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male Female Other: _____

*Valid E-mail Address: _____

*Primary phone number: (____) _____ - _____

*Cell phone number: (____) _____ - _____ Call and Text Text Only
(Leave blank if same as primary)

*Mailing Address (P.O box): _____

Street Address: _____

City/Town: _____ Postal Code: _____

Province _____

*** EMERGENCY CONTACT INFORMATION**

Name: _____

Phone # for contact: (____) _____ - _____

Mailing Address (P.O box): _____

Street Address: _____

City/Town: _____ Postal Code: _____

Province _____

***Applicant must identify a home Community:**

- Lac La Ronge
- Sucker River
- Hall Lake

*** HIGH SCHOOL ENROLLMENT**

Last grade completed: _____

Will you be returning to school? YES NO

Which grade will you be entering in Fall 2022-2023 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

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, Public Works, etc): _____

-
- | | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| Do you have a valid Driver's License? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Learners <input type="checkbox"/> |
| Do you have First Aid/ CPR Training? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Expiry Date: _____ |
| Do you have Safe Food Handling Certificate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Expiry Date: _____ |
| Do you have a Boat License? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Expiry Date: _____ |
| Do you have Play Leadership certificate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Expiry Date: _____ |

Other Training Courses completed:

***Must Provide**

First Available Date You Can Start Working: _____

Last Day Available to Work (End Date): _____

Please be advised program runs from June 27th to August 26th for High School Students.

Please remember to get your principal's signature ensuring you're returning to school for Fall 2022 on this application.

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 truth and accuracy of the information provided in this application.

***Applicant Signature:** _____ **Date:** _____

Thank you for applying to the Summer Student Employment Program!

Selected candidates will be contacted for interviews.

We wish you luck and encourage you to apply again in the future.