



ERMINESKIN TRIBAL ENTERPRISES

BOX 219, HOBBEWA, ALBERTA T0C 1N0

PHONE (780) 585-3741

EDM. LINE 420-0008
FAX 585-2550

Board and Committee Application Form

PERSONAL INFORMATION:

Position applying for: _____

Name: _____

Address: _____

Home Telephone #: _____ Cell #: _____

Work/Business #: _____

E-mail Address: _____

Status Indian: Yes No Treaty Name & #: _____

Canadian Citizen Yes No

Do you have a valid driver's license? Yes No

Please circle which classification(s) of valid driver's license obtained 1 2 3 4 5

How did you find out about this job opportunity?

Bulletin Posting Hawk Radio Wetaskiwin Times Ermineskin Newsletter

Word of Mouth Ermineskin Website Other (please specify) _____

EDUCATION HISTORY:

Highest Grade Completed: _____ Year: _____

Education Institution: _____

Circle years of post-secondary completed: 1 2 3 4 5

Circle level of study if applicable:

Certificate Diploma Undergraduate degree Graduate degree

Area(s) of study: _____

Place of study: _____

(List any & all technical skills acquired e.g. Computer, Secretarial, 1st Aid, Class 1, etc.)

Type of Training:	Education Institution:	Year:

EMPLOYMENT HISTORY:

Previous Place of Employment: _____

Date of Employment: _____

Name of Immediate Supervisor: _____

Indicate Job Duties: _____

Previous Place of Employment: _____

Date of Employment: _____

Name of Immediate Supervisor: _____

Indicate Job Duties: _____