



ERMINESKIN TRIBAL ENTERPRISES

BOX 219, HOBBEWA, ALBERTA T0C 1N0

PHONE (780) 585-3741

EDM. LINE 420-0008
FAX 585-2550

Employment 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: _____

Previous Place of Employment: _____
 Date of Employment: _____
 Name of Immediate Supervisor: _____
 Indicate Job Duties: _____

WORKSHOPS & TRAINING SEMINARS:

List all training courses and seminars attended or any other technical training courses that you may have received a certificate in: _____

REFERENCES:

Personal/Character Reference

Name:	Title:	Relationship:	Contact Number:

Professional:

Name:	Department:	Title:	Contact Number:

COMMITTEE & VOLUNTEER WORK:

Name of Organization:	Position held:	Duties:	Contact Number of Supervisor:

SPECIAL ACCOMPLISHMENTS & AWARDS:

RESUME INFORMATION:

Resume attached: YES NO

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, education institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any representations or material omission made by me on this application will be sufficient cause for cancellation of this application of immediate termination of employment if I am employed, whenever it may be discovered.

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Signature: _____ Date: _____(yy/mm/dd)