



MICMACS OF GESGAPEGIAG
STUDENT EMPLOYMENT PROGRAM APPLICATION FORM

PROCEDURES

Refer to the Micmacs of Gesgapegiag Student Employment Program Policy and Procedures for more information regarding eligibility criteria, deadlines etc. The Policy and Procedures is available at www.gesgapegiag.ca.

If your application is for	a position within the Micmacs of Gesgapegiag Administration or GHRC	a financial contribution towards your salary for a job offered by an employer.
Sections of the application form to be filled	Sections A, B, C, D, G	Sections A, B, C, E, F, G
Documents to be provided: <ul style="list-style-type: none"> - Micmacs of Gesgapegiag Student Employment Program Application Form - Up to date Resume and Letter of Presentation - Signed Declaration of Returning to School - Proof of Admission or registration to a post-secondary education institution in a full time post-secondary education program of study or recent school transcript OR Proof of graduation from Secondary\High School OR Secondary\High School June Report Card - Certificate of Indian status (copy of both sides of the certificate) - Document confirming permanent address (e.g. school transcript\Report Card) 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ 	

Please check (✓) appropriate box: Position announced by the Administration Financial contribution to an employer towards salary

SECTION A

STUDENT CONTACT INFORMATION			
Last Name		First Name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Permanent Address:	
E-Mail			
Home Phone Number	Student Address (if different than permanent address):		
Cell Number			
Parent's Name	Phone number (home or cell.):		

SECTION B

STUDENT PERSONAL INFORMATION			
Date of Birth (YYYY-MM-DD)		Certificate of Indian Status No.	052-
S.I.N.		Student Identification Number	

SECTION C**PROOF OF ADMISSION TO AN EDUCATION PROGRAM**

<input type="checkbox"/> General <input type="checkbox"/> Vocational-Trade <input type="checkbox"/> Adult Education		High School-Secondary		<input type="checkbox"/> ACS <input type="checkbox"/> DCS <input type="checkbox"/> DEC		Post-Secondary	
				College:		University: <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate	
Name of Institution				Address			
Length of Program				Program/Course			
<u>Current Year of Study</u>				<u>Expected Date of Graduation</u>			

SECTION D**A POSITION ANNOUNCED BY THE MICMACS OF GESGAPEGIAG ADMINISTRATION**

Position Title			
Name of Department	<input type="checkbox"/> DG office-Council Secretariat <input type="checkbox"/> Finance <input type="checkbox"/> Human Resources <input type="checkbox"/> Housing <input type="checkbox"/> Public Works <input type="checkbox"/> Land -Economic Development <input type="checkbox"/> Health and Community Services <input type="checkbox"/> Social Services <input type="checkbox"/> Education <input type="checkbox"/> Public Security <input type="checkbox"/> Fisheries <input type="checkbox"/> Forestry <input type="checkbox"/> Community Works <input type="checkbox"/> Gesgapegiag Human Resources Development Commission		
Period of Employment	(from yyyy-mm-dd to yyyy-mm-dd)		

SECTION E

If your application is for your employer to receive a financial contribution from the Micmacs of Gesgapegiag towards your salary

EMPLOYER CONTACT INFORMATION

Name and address of the Company, Institution or Organization:			
Information about Employer's Contact Person			
Last Name		First Name	
E-Mail			
Phone Number		Fax Number	
Cell Number			

SECTION F**FINANCIAL CONTRIBUTION INFORMATION**

Job Title		Address where the student will work	
Number of weeks of work & number of hours per week		Period of Employment (from yyyy-mm-dd to yyyy-mm-dd)	
Total hourly Salary provided by Employer		Total Contribution requested from Micmacs of Gesgapegiag (minimum wage X total nb of hours)	

SECTION G**AGREEMENT**

I confirm that the information provided above is true and that I have read the Student Employment Program Policy and Procedures. If there is any change to my student status, I will immediately inform the Micmacs of Gesgapegiag Human Resources Manager. I also agree that all the information contained in the application can be shared with and reviewed by authorized employees of the Micmacs of Gesgapegiag Administration.

SIGNATURES

Signature		Date	
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