



**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](http://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"> <li>- Micmacs of Gesgapegiag Student Employment Program Application Form</li> <li>- Up to date Resume and Letter of Presentation</li> <li>- Signed Declaration of Returning to School</li> <li>- 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</li> <li>- Certificate of Indian status (copy of both sides of the certificate)</li> <li>- Document confirming permanent address (e.g. school transcript\Report Card)</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> </ul>	

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	<b>(from yyyy-mm-dd to yyyy-mm-dd)</b>		

**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)	
<b>Total</b> 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	
-----------	--	------	--