



# Akwesasne Area Management Board

P.O. Box 965  
Cornwall, Ontario K6H 5V1  
Tel: (613) 575 - 2626 Fax: (613) 575 – 2863 www.aamb.ca

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## 2017

### SUMMER EMPLOYMENT PROGRAM

THE ENCLOSED APPLICATION PACKET ***MUST BE COMPLETE*** IN ORDER TO BE CONSIDERED FOR A POSITION.

ELIGIBLE PARTICIPANTS FOR THE SUMMER EMPLOYMENT PROGRAM ***MUST:***

- ✓ BE A FULL TIME STUDENT [IN THE CURRENT ACADEMIC SCHOOL YEAR] AND RETURNING TO SCHOOL IN THE FALL OF 2017 ON A FULL TIME BASIS
- ✓ MUST BE 16YRS OF AGE BY JUNE 2017 OR OLDER
- ✓ MUST BE A MEMBER OR PROBATIONARY MEMBER OF THE MOHAWKS OF AKWESASNE OR MEMBER OF THE MOHAWK NATION COUNCIL OF CHIEFS
  - PLEASE COMPLETE THE MEMBERSHIP VERIFICATION FORM
- ✓ HAVE A CANADIAN SOCIAL INSURANCE NUMBER (SIN)
  - MUST PRESENT YOUR CARD WHEN SUBMITTING APPLICATION
- ✓ MUST HAVE A COVER LETTER & RESUME

PLEASE RETURN ALL DOCUMENTS TO THE AKWESASNE AREA MANAGEMENT BOARD OFFICES BY THE FOLLOWING **DEADLINE DATES:**

Post-Secondary Students:	MCA ~ Friday April 28, 2017 at 4pm; AAMB ~ Friday May 12, 2017 at 4pm;
Secondary Students:	Friday June 16, 2017 at 4pm

\*APPLICATIONS RECEIVED AFTER THE DEADLINE DATE AND/OR INCOMPLETE WILL NOT BE CONSIDERED.\*





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This Form **MUST** be completed in FULL to be valid.

## SUMMER STUDENT EMPLOYMENT APPLICATION FORM

For Office Use:  SEED  COLLEGE PREP Year: 20 \_\_\_\_

File #:	Hire Date:
Employer:	End Date:
Job Title:	NOC:

Applicant's Name:	
Canadian Street Address:	City:
Province:	Postal Code:
Phone Number:	Alt. Phone Number:
Social Insurance Number:	Band Number:
Email Address:	
Are you disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Disability:
Date of Birth (MM/DD/YY):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Number of Dependents:	Ages:
Are you a Social Assistance recipient? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Where you a student during the previous school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will you be a returning student for the upcoming school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Where?

Name of Junior High or High School Attended:	
Address:	
List Grade Completed:	
Name of College or University Attended:	
Address:	
List Grade Completed:	Course of Study:

Do you possess any of the following skills? Check all that apply.

<input type="checkbox"/> Filing	<input type="checkbox"/> Shorthand	<input type="checkbox"/> Child Care	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Typing	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Babysitting	<input type="checkbox"/> Answering Phones
<input type="checkbox"/> First Aid	<input type="checkbox"/> CPR	<input type="checkbox"/> Manual Labor	

Other:

Do you have any experience with any of the following? Check all that apply.

<input type="checkbox"/> Cash Register	<input type="checkbox"/> Photocopier	<input type="checkbox"/> Computer	<input type="checkbox"/> Phone System	<input type="checkbox"/> Fax	<input type="checkbox"/> Printer		
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> MS Excel	<input type="checkbox"/> MS Outlook	<input type="checkbox"/> MS Access	<input type="checkbox"/> MS Publisher	<input type="checkbox"/> MS Power Point		
<input type="checkbox"/> Desktop Publisher	<input type="checkbox"/> Internet	<input type="checkbox"/> Adobe Photo Shop	<input type="checkbox"/> Windows (Circle Versions)	XP	Vista	Windows 7	Windows 8

Which District of Akwesasne would you prefer to work in?

Snye       St. Regis       Cornwall Island       Hogansburg       Does not matter

Date available for work (MM/DD/YY):

Please list field of study: major / minor:

Certificates / Diploma:

Interests:

What type of work would you consider doing this summer? (check all that apply)

Office     Carpentry     Laborer     Health     Recreational     Research     Environmental     Child Care

Other (please specify):

Do you have a Resume?  YES     NO

\*If you would like assistance with interview techniques, preparing a resume, or job hunting, the AAMB has the resources available that can assist you. It would be to your advantage to have a resume for the employer to review.

Do you have access to transportation?  YES     NO

Do you have a valid driver's license?  YES     NO

Driver's Information: Class:	Number:	Province/State:	Expiry Date (MM/DD/YY):
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IF YOU DO NOT HAVE A RESUME, PLEASE COMPLETE THE FOLLOWING:

Employment History (If any):

Name of Employer:

Job Title:

Job Duties:

Rate of pay:

Start and End Dates (MM/DD/YY):

Reason for leaving:

Employment History: (If any)

Name of Employer:

Job Title:

Job Duties:

Rate of pay:

Start and End Dates (MM/DD/YY)

Reason for leaving:

I hereby declare that the following information is true and complete to my knowledge.  
 I understand that a false statement may disqualify me from employment or cause my dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

PRIOR TO COLLECTING OR COMPILING ANY PERSONAL INFORMATION, IF YOU ARE SEEKING ASSISTANCE FROM THE AKWESASNE AREA MANAGEMENT BOARD (AAMB) OR RECEIVING ASSISTANCE UNDER ITS PROGRAMS, YOU ARE HEREBY INFORMED OF THE PURPOSE FOR WHICH THIS PERSONAL INFORMATION IS BEING COLLECTED AND COMPILED.

THIS INFORMATION IS FOR USE BY AAMB AND SERVICE CANADA TO:

- DETERMINE ELIGIBILITY TO RECEIVE SERVICES FROM AAMB;
- ASSIST IN VERIFYING ELIGIBILITY FOR EMPLOYMENT INSURANCE BENEFITS;
- ENSURE CLIENTS WHO ARE ACTIVELY RECEIVING BENEFITS CONTINUE TO RECEIVE THEM WHILE PARTICIPATING ON AN AAMB PROGRAM;
- ASSESS AND EVALUATE AAMB ACTIVITIES;
- TO CONTACT OTHER AGENCIES IDENTIFIED BELOW IN ORDER TO DETERMINE POSSIBLE COST-SHARING PARTNERSHIPS; AND
- TO CONTACT INDIVIDUALS TO VERIFY INFORMATION AND FOLLOW-UP.

I, \_\_\_\_\_, HEREBY PROVIDE MY CONSENT AS MAY BE REQUIRED BY THE AAMB AND SERVICE CANADA TO COLLECT, USE AND POSSIBLY DISCLOSE FOR THE PURPOSES AS STATED ABOVE, INFORMATION TO THE FOLLOWING AGENCIES:

- HUMAN RESOURCES DEVELOPMENT CANADA
- COMMUNITY SUPPORT PROGRAM (MCA/SRMT)
- ECONOMIC DEVELOPMENT PROGRAM (MCA/SRMT)
- AKWESASNE MOHAWK BOARD OF EDUCATION/IOHAHI:IO (MCA)/ ANY EDUCATIONAL/TRAINING INSTITUTION THAT A CLIENT OF AAMB IS ATTENDING.
- HIGHER EDUCATION (SRMT)
- CHILD & FAMILY SERVICES (ACFS/SRMT)

AAMB AND SERVICE CANADA SHALL NOT, IN RESPECT OF ANY PERSONAL INFORMATION, USE THE INFORMATION FOR A PURPOSE OTHER THAN THAT FOR WHICH IT WAS PROVIDED OR DISCLOSE THE INFORMATION TO ANY PERSON OR BODY FOR A PURPOSE OTHER THAN THAT FOR WHICH IT IS PROVIDED EXCEPT WITH THE CONSENT OF THE INDIVIDUAL TO WHO THE INFORMATION RELATES, OR THE WRITTEN CONSENT OF THE PARTY THAT PROVIDED THE INFORMATION, OR AS REQUIRED BY LAW.

INFORMATION WHICH IS PROVIDED TO AAMB AND SERVICE CANADA IS PROTECTED UNDER CANADA'S PRIVACY ACT AND YOU HAVE A RIGHT UNDER THE PRIVACY ACT TO OBTAIN ACCESS TO THIS INFORMATION FROM AAMB AND SERVICE CANADA.

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SIGNATURE

DATE

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SIGNATURE OF WITNESS

DATE





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Complete your name and date of birth. We will submit for verification of your membership status

## Mohawks of Akwesasne

### MEMBERSHIP CONFIRMATION

#### PART 1

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Registry No:</b>	

I have applied to the Akwesasne Area Management Board for funding. AAMB require membership confirmation before assistance can be determined. When complete, please fax to AAMB office at 613-575-2863.

#### PART II

### STATUS OF MEMBERSHIP

Member under Akwesasne Membership Code	YES	NO
Probationary Member under the Code	YES	NO
Expiration date of Probation		
Authorizing Signature		

Complete your name and date of birth. We will submit for verification of your membership status

## Mohawks Nation Council of Chiefs

### MEMBERSHIP CONFIRMATION

#### PART 1

<b>Name:</b>	
<b>Mohawk Name:</b>	
<b>Clan:</b>	
<b>Date of Birth:</b>	

I have applied to the Akwesasne Area Management Board for funding. AAMB require membership confirmation before assistance can be determined. When complete, please fax to AAMB office at 613-575-2863.

#### PART II

### STATUS OF MEMBERSHIP

Member of Mohawk Nation Council of Chiefs	YES	NO
Authorizing Signature, MNCC		
Date		