

## Summer Student Information Form

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

Address: \_\_\_\_\_

PH. Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please indicate yes or no

### Education Level

Secondary: \_\_\_\_\_ Grade: \_\_\_\_\_

Post-Secondary: \_\_\_\_\_ Year: \_\_\_\_\_

Driver's Licence: \_\_\_\_\_ Class: \_\_\_\_\_

Access to Vehicle: \_\_\_\_\_

Current First Aid: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Current WHMIS: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Employment Interests

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please submit this form along with your resume, cover letter, transcripts/grades, consent to release form and verification of returning to school (secondary graduates and post-secondary



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NISHNAABEG

**applicants).**