



EMPLOYMENT APPLICATION FORM

First Nations applicants will be given preference to deliver programs and services.

PART I GENERAL INFORMATION

Application for: (Job Title and 5 digit Posting #)

Name of Applicant:	First Name	Initial	Last Name
Mailing Address (R.R.#, Blue # & Address)		Preferred Phone No.	Alternate Phone No.
City/Town or Village:	Province:	Email Address:	
	Postal Code:		

Six Nations of the Grand River Elected Council is an equal opportunity employer and will seek to accommodate the needs of individuals with disabilities in a manner that most respects their dignity. All candidates are encouraged to apply; Based on the need to provide qualified professional services only those applicants meeting the minimum requirements will be invited for an interview.

Do you have the valid required Ontario driver's license(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Type? <input type="checkbox"/> G <input type="checkbox"/> G2 <input type="checkbox"/> G1 <input type="checkbox"/> F <input type="checkbox"/> DZ <input type="checkbox"/> AZ Other: _____	Do you have valid vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid First Aid/CPR Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you have previously worked for Six Nations of the Grand River Elected Council, please answer the following:

Position and Dates Employed: _____
 Reason for Leaving _____

Permission for Grand River Employment and Training (GREAT) to keep a copy of this application to assist in seeking and securing employment. Yes No

Are you legally able to work in Canada? Yes No

Do you wish to work Full-Time Part-Time Contract Casual

Are you a registered First Nation? Yes No **Are you a Six Nations Band Member?** Yes No

Are you a non-registered First Nation? Yes No

If Other, please specify: _____

PART II EDUCATION

School Name	Year Attended	Year Received	Degree/Diploma/Certificate Received	Major

List any specialized Training, Skills, Awards, Professional Designations, and other Education

PART III WORK HISTORY			
I - Present or Last Employer	Name of Employer:		
City, Province	Period Employed:		
Your Job Title:	Your Reason for Leaving:		
II - Previous Employer	Name of Employer:		
City, Province	Period Employed:		
Your Job Title:	Your Reason for Leaving:		
III - Previous Employer	Name of Employer:		
City, Province	Period Employed:		
Your Job Title:	Your Reason for Leaving:		
References			
Name	Job Title	Phone Number	Email Address

****PLEASE READ CAREFULLY****

SNGREC requires proof of your professional educational qualifications as it pertains to the job description. Please include a copy of your diploma/degree and/or certificate or transcript with a cover letter, resume and application form. If this information is not attached, your application is deemed an incomplete application package, which may disqualify you for an interview.

By signing this application you are consenting for SNGREC to contact your current and previous Employers (as listed above) for reference checks. Note: References will only be contacted if you are the successful candidate.

Authorization:

I have completed this application to the best of my ability and the foregoing statements are correct to the best of my knowledge. I do understand that any misrepresentation may disqualify me from employment or be cause for dismissal. If I am hired, I shall abide by all policies and procedures of the Six Nations of the Grand River Elected Council which includes serving an initial probationary period.

Applicant's Signature

Date