



EMPLOYMENT APPLICATION FORM

Personal Information

First Name:	Last Name:
Address:	Kanien'keha Name:
Phone Number (Home):	Phone Number (Cell):
E-mail Address:	Alternate Method of Contact (If applicable):
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have your own Transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you hear about this posting? (If applicable)	Do you have an Employment Counsellor at Tewatohnni'skatha?

Languages:

Language(s) Spoken: Kanien'keha English French Other: _____

Language(s) Written: Kanien'keha English French Other: _____

Availability - Please specify hours

Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	Date available to start:

Positions applying for - Please check all that apply

Receptionist/Secretary	Classroom Assistant
Administrative Assistant	Lunch Monitor
Maintenance	Financial/Accounting
Cleaning/Janitorial	Tourism
Security Guard	
Other:	

Employment History

Occupation / Job Title	Name of Business / Employer	Date & Duration Worked

Academic History		
Special Training		
Professional References - Complete Name and Contact Information		
Please select & initial each EDC organization you authorize us to submit your application and résumé to:		
<input type="checkbox"/> <i>Tewatohnhi'skatha</i>	<input type="checkbox"/> <i>Kanienkehaka Roatitiohkwa (Cultural Center)</i>	
<input type="checkbox"/> <i>Kateri Memorial Hospital Center</i>	<input type="checkbox"/> <i>Shakotia'takenhnhas Community Service</i>	
<input type="checkbox"/> <i>Mohawk Council Of Kahnawake</i>	<input type="checkbox"/> <i>Step by Step Child and Family Center</i>	
<input type="checkbox"/> <i>Kahnawake Youth Center</i>	<input type="checkbox"/> <i>Kahnawake Fire Brigade</i>	
<input type="checkbox"/> <i>Kahnwake Education Center</i>		
Declaration		
<p><i>I hereby declare that any and all information provided in this application is accurate and true to the best of my knowledge and I acknowledge that it is for the sole purpose of assisting the applicant in employment search and will be shared exclusively with the chosen EDC organizations (selected & initialed above). This is an initiative of the Human Resource Network as a method of seeking employees. I hereby recognize that it is at the discretion of each individual organization to pursue any or all applicants and I fully understand the concept of this form. _____Initials.</i></p>		
Signature:		Date:
Please check off which of the following documents you have included with this application form		
<input type="checkbox"/> <i>CV or résumé attached</i>	<input type="checkbox"/> <i>Cover Letter</i>	
The HR Network would like to thank you in advance for submitting your application to your selected organizations.		
OFFICE USE ONLY - Method of Circulation		
<input type="checkbox"/> <i>Fax</i>	<input type="checkbox"/> <i>Mail</i>	
<input type="checkbox"/> <i>E-mail</i>	<input type="checkbox"/> <i>Hand delivery</i>	
<input type="checkbox"/> <i>Inter-office mail</i>	<input type="checkbox"/> <i>Other:</i>	
Sent by:	Organization:	Date: