



Akwesasne Career & Employment Support Services

PO BOX 965, Cornwall, Ontario K6H 5V1
Phone: 613-575-2626 | Fax: 613-575-2863
www.acesjobs.ca

SUMMER EMPLOYMENT EXPERIENCE DEVELOPMENT (SEED) PROGRAM

THE ENCLOSED APPLICATION PACKET MUST BE COMPLETED IN FULL IN ORDER TO BE CONSIDERED FOR A POSTION.

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 upcoming fall on a full-time basis]
- ✓ Must be between the ages of 16 to 29 years old
- ✓ Must be a member or probationary member of the Mohawks of Akwesasne or a member of the Mohawk Nation Council of Chiefs
 - Please complete the membership verification form (last page)
- ✓ Have a Canadian Social Insurance Number (SIN Card)
 - Must present your card when submitting application
- ✓ Must have a Resume & Cover Letter

PLEASE RETURN ALL DOCUMENTS TO THE AKWESASNE CAREER & EMPLOYMENT SUPPORT SERVICES OFFICES BY THE **DEADLINE:**

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

ACCESS SUMMER EMPLOYMENT APPLICATION FORM

FOR OFFICE USE ONLY: <input type="checkbox"/> SEED <input type="checkbox"/> BEST MATCHES <input type="checkbox"/> COLLEGE PREP		YEAR: 20_____
File No.:	Hire Date:	
Employer:	End Date:	
Job Title:	NOC :	

PERSONAL IDENTIFICATION

First Name:	Middle Initial:	Last Name:
Canadian Street Address:	Social Insurance Number:	
	Primary Phone Number:	
City/Town/Village:	Secondary Phone Number:	
Province:	Email Address:	
Postal Code:	Band Number:	
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Identified	Date of Birth:	
Disability Type: <input type="checkbox"/> N/A	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
Are you a Social Assistance recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Dependents:	
Emergency Contact:	Emergency Contact Phone:	

EDUCATION

Are you currently enrolled in this year's academic school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list your current grade level >	(Grade Level)	
Were 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	
Name of Junior/High School you attended:		
School Address:		
City:	Province:	Postal Code:
Grades Completed (Check all that apply): <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		Graduation Date: (MM/YYYY)
Name of College/University you Attend:		<input type="checkbox"/> N/A
School Address:		
City:	Province:	Postal Code:
School Year: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6+	Area of Study:	

KNOWLEDGE

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Filing | <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Babysitting | <input type="checkbox"/> Research Skills | <input type="checkbox"/> Analytical Skills |
| <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Manual Labour | <input type="checkbox"/> Marketing Skills |

Do you have any experience with the following? (Check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Microsoft Office Word | <input type="checkbox"/> Microsoft Office Access | <input type="checkbox"/> Adobe Acrobat DC | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Microsoft Office PowerPoint | <input type="checkbox"/> Microsoft Office Publisher | <input type="checkbox"/> Photoshop | <input type="checkbox"/> Visual Basics |
| <input type="checkbox"/> Microsoft Office Excel | <input type="checkbox"/> Microsoft Office Outlook | <input type="checkbox"/> Network/Database knowledge | |

Computer Languages: Python C C++ Java JavaScript Ruby SQL HTML PHP CSS

Operating Systems: Windows Vista Windows XP Windows 7 Windows 8/10 MacOS Linux

INTERESTS

Which district of Akwesasne would you prefer to work in?

- Snye Saint Regis Cornwall Island Hogansburg No Preference

Date available to work: (MM/DD/YYYY)

Field of study:

Certificates/Diplomas:

Interests:

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

- Office/Administrative Carpentry Labourer Health Services Recreational Research
 Environmental Child Care IT/Computers Other (please specify): _____

Do you have a resume?

- Yes No

Drivers Information:

Do you have access to transportation?

- Yes No

Class:

ID Number:

Do you have a valid Driver's License?

- Yes No

Province/State:

Expiration Date: (MM/DD/YYYY)

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

If you do not have a resume, please complete the following:

Employment History (If Any)

Name of Employer:

N/A

Job Title:

Job Duties:

Rate of Pay:

Start/End Date: (MM/YYYY) - (MM/YYYY)

Reason for Leaving:

Name of Employer:

Job Title:

Job Duties:

Rate of Pay:

Start/End Date: (MM/YYYY) - (MM/YYYY)

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)

(PRINT NAME)

(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 AKWESASNE CAREER & EMPLOYMENT SUPPORT SERVICES (ACCESS) 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 ACCESS AND SERVICE CANADA TO:

- Determine eligibility to receive services from ACCESS
- Assist in verifying eligibility for employment insurance benefits
- Ensure clients who are actively receiving benefits continue to receive them while participating on an ACCESS program
- Assess and evaluate an ACCESS program
- To contact other agencies identified below in order to determine possible cost-sharing partnerships
- To contact individuals to verify information and follow-up

I, _____, HEREBY PROVIDE MY CONSENT AS MAY BE REQUIRED BY ACCESS 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 (MCA/SRMT)
- Akwesasne Mohawk Board of Education / Iohahi:io (MCA) / Any educational training institution that a client of ACCESS is attending.
- Higher Education (SRMT)
- Child & Family Services (ACFS/SRMT)

ACCESS 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 ACCESS 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 ACCESS AND SERVICE CANADA.

(SIGNATURE)

(DATE)

(SIGNATURE OF WITNESS)

(DATE)

CONTINUE TO NEXT PAGE



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Mohawk Council of Akwesasne

PART I - Membership Confirmation

Name:	
Date of Birth:	Registry No.:

I have applied to Akwesasne Career & Employment Support Services for funding. ACCESS' requires membership confirmation before assistance can be determined. When complete, please fax to the ACCESS office at 613-575-2863. Thank you.

***** MEMBERSHIP OFFICE USE ONLY *****

PART II - Status of Membership

Member under the Akwesasne Membership Code?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Probationary Member under Akwesasne Membership Code?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expiration Date of Probation:		
Authorizing Signature:		
Date:		

Mohawk Nation Council of Chiefs

PART I - Membership Confirmation

Name:	
Date of Birth:	Tax Exempt No.:
Mohawk Name:	Clan:

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***** MEMBERSHIP OFFICE USE ONLY *****

PART II - Status of Membership

Member under the Mohawk Nation Council of Chiefs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Authorizing Signature:		
Date:		

** If you make a photo copy of your status card(s), front and back, you do not need to fill out this section.**