



MOHAWKS OF THE BAY OF QUINTE

KENHTEKE KANYEN'KEHÁ:KA

ADMINISTRATION, 24 Meadow Drive, Tyendinaga Mohawk Territory, ON K0K 1X0

Phone 613-396-3424 Fax 613-396-3627

Summer Student Application

Applicant Information

Full Name: _____
Last First Middle

Address: _____
Street Address

City Province Postal Code

Band #: _____ **Phone:** _____

Cell: _____ **Email:** _____

Which position are you applying for? _____

Which would be your second choice ? _____

Which would be your third choice? _____

Can you provide a clear CPIC/Vulnerable Sector Check? _____

Do you have up to date CPR/First Aid? _____

Have you previously been employed with Mohawks of the Bay of Quinte through the summer student initiative? If so, when and which position?

Yes or No; If "Yes", When? _____, Position? _____

What is your current level of Education? _____

Are you returning to school in the Fall of 2017? _____

Which school will you be attending? _____

Please attach your resume to this application form