EMPLOYMENT OPPORTUNITY APPLICATION FORM

PLEASE ENSURE YOU HAVE COMPLIED WITH THE FOLLOWING:

- Fully completed, signed and dated form.
- Attached Resume
- Attached Criminal Record Check (if applicable)
- Attached Driver's Abstract (if applicable)
- Attached copy of Driver' License (if applicable)

Only applicants granted interviews will be contacted by phone and email.

ES STAFF ONLY: Received By: _______

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APPLICANT INFORMATION

FULL LEGAL NAME:								
ADDRESS:	POSTAL CODE:							
HOME PHONE: ()		_ MESSA	GE: ()				
EMAIL:								
Registered Siksika Nation Band Member: YES \square N	ю 🗆							
Registered Band Member for Other First Nation: Y	'ES □ NO	⊃ ☐ Firs	t Natior	n Name:				
	JOB A	APPLYIN(G FOR					
1				RATE OF PA	Y EXPECTED \$			
2	RATE OF PAY EXPECTED \$							
3				RATE OF PA	Y EXPECTED \$			
How did you learn of this opening?				_				
Are you well-versed in the Siksika Language?	YES □	No □						
Have you worked with us before?	YES □	No \square		If yes, when?				
If hired, on what date will you be available to start work?								
Do you have reliable means of transportation? Do you own your own vehicle? Do you have a valid Alberta driver's license? Are you legally entitled to work in Canada?	YES YES YES YES YES	No □ No □		Class: Bondable: YES	_			
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	KAINING	(Please	Start W	vith most recer				
High School Education: Did you complete your Grade 12 Diploma? If no, what grade did you complete?	YES □ —	No 🗆						
<u>Post-Secondary Education</u> (Check where applicable	e)		VEADO	TAKEN:	PROGRAM COMPLETED			
☐ Masters☐ Degree☐ Diploma☐ Certificate☐ Other		- -		TAKEN:	YES NO NO YES			
Describe any other training certificates you have of job/position(s) you are applying for:	•			-				

EMPLOYMENT HISTORY (Please start with most recent)

1. Dates Worked	Job Title	Supervisors Name & Phone Number or Email A	ddress	Company Name
City/Town		Duties – If duties are on Resume, please check	YES 🗆	
May we contact your S	Supervisor for con	firmation or reference? YES \square No \square		
2. Dates Worked	Job Title	Supervisors Name & Phone Number or Email A	.ddress	Company Name
City/Town		Duties – If duties are on Resume, please check	YES 🗆	
May we contact your S	Supervisor for con	firmation or reference? YES No		
3. Dates Worked	Job Title	Supervisors Name & Phone Number or Email A	ddress	Company Name
City/Town		Duties – If duties are on Resume, please check	YES 🗆	
	Supervisor for con	firmation or reference? YES \(\square\) No \(\square\)		
		SKILLS		
List other machines/ed	quipment you can	operate:		
List other work-related	d skills you posses	s:		
	. ,			

PLEASE READ CAREFULLY APPLICANTS DECLARATION

I hereby affirm that the information in this application form and in related correspondence is true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

I authorize, SIKSIKA EMPLOYEE SERVICES, to verify all information contained in this application and any correspondence and to contact my previous employers, and current employer if indicated, for references.

I agree that deliberately giving false, misleading or incomplete information will cause for withdrawal of a job offer, or cause for immediate dismissal.

I understand that employment is contingent upon successful completing a pre-employment physical examination, (Where applicable).

In the event of my employment with SIKSIKA NATION TRIBAL ADMINISTRATION, I agree to furnish proof of any required academic or occupational certificates, or other supporting documents as required by position applying for.

If I had indicated that I am legally entitled to work in Canada, I will be required to provide documentation of eligibility to work upon request prior to employment offer.

Signature of Applicant	Date	
Signature of Applicant	Date	

Thank you for completing this application form and for your interest in employment with us.

