



Ahtahkakoop Post Secondary Program

Box 190 Shell Lake, Sask S0J 2G0 Phone: (306) 468-2100

APPLICATION FOR SUMMER EMPLOYMENT

Applicant Information

Personal Information

Full Name: _____
Last *First* *Initial*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *Province* _____ *Postal Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Insurance Number: _____ **Health Card Number:** _____

Birth Date: _____ Marital Status: _____

Education History

Post Sec.Educ.: _____ Name of Institute: _____

Program Start date: _____ Program End date: _____

Are you available to work the entire summer? _____

If not, please indicate the dates you are available. Please note that the availability may influence the number of job opportunities. _____

Preference of occupation: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *Province* _____ *Postal Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____