

## O'Chiese First Nation

## **Summer Student Employment Application**

Applicant Information				
Full Name:				Date:
i dii ivaliic.	Last	First	t	Date: <i>M.I</i> .
A .1 .1				
Address:	P.O Box			
	City			Province Postal Code
Phone:				Email
DOB:			SIN.:_	AHC #:
School/Colleattended:	ege you			
Are you enrolled in school full time?		YES	NO	YES NO If no, are you a post-secondary student.?
Did you complete your 2021-2022 year?		YES	NO	Do you have a copy of your transcript?
Do you have a copy of your report card ?		YES	NO	
What do you hope to lear this program	n in			
	_			
EMERGENCY CONTACT				
Please list	an emergency contact.			
Full Name: Primary phone:				Alternate
THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. If student is under 18yrs of age:				
PARENT/GAURDIAN: Please print			HONE NUMBER:	
SIGNATUR				(please complete survey attached)