SUMMER STUDENT APPLICATION FOR EMPLOYMENT

The information on this form will not be the only basis for a hiring decision. You are not required to furnish any information That is prohibited by any law.

arry law.						
Position(s) you are applying for:						
		sumé, however it is important to r incorrect application may affec	complete this application form in full and tyour status as an applicant.	submit it to the I	Human	
		General I	nformation			
Surname		Given Name(s)	Y			
Address	No.	Street		Tel.		
	City	Province/State	Postal Code	E-mail		
Canadian citizens, permanent resident status, or holders of a valid Canadian work permit are entitled to work in Canada. Are you legally eligible to accept employment in Canada? Yes \(\subseteq \text{No } \subseteq \) If you have a work permit, please indicate the expiry date here			Have you ever worked for this college or any of the other colleges within Saskatchewan? Yes ☐ No ☐ If so, which college? Length of employment?			
(YY/MM/DD):			When are you available to start work?			
Do you have a valid driver's license? Yes No Have you ever been convicted of a criminal offence for which a pardon or record suspension has not been granted? Yes No No			How did you become aware of the employment opportunity with the college?			
Do you have crimina	al charges pending?	Yes 🗌 No 🗌				
A summer student must be attending school in the current academic year and returning to a recognized academic institution in the upcoming year. If you are currently completing grade 11, 12 or are in an ABE program please indicate the school you are currently attending:						
Indicate highest level completed:	GED:	High School year: 1	Cation College/University yea 1	ar:] 5	Post Graduate: # years	
Post-Secondary institutions attended. Begin with most recent.		Faculty, Department, Division, or Location	Discipline or Program (Major)	Minor	Degree/ Diploma/ Certificate	
48						
	2					
Computer Software Experience: Word processing Spreadsheets Presentation e-mail Other (Specify) Highlight any education not listed above that is relevant to the position(s) sought.						
Membership in professional or job-relevant organizations (you may exclude groups that indicate race, colour, religion, national origin, disability or other protected status):						
Professional licen	ses, publications or	additional special honours of	or awards:			

Employment History					
Describe all work experience (paid and unpaid) starting with most recent or present position.					
Position Title Name of	Organization Full-time Part-time Part-time Full-time Part-time Pa				
City Province/State Employe	d From MM/YY To MM/YY				
Major Responsibilities:	☐ Internship ☐ Volunteer				
	Other: (specify)				
Supervisor/Manager to whom you reported:	May we contact this "employer for a reference?				
Position/Title:	Yes No				
Reason(s) for leaving or desire to change:	Tel #: Email:				
Position Title Name of	Organization				
City Province/State Employe	d From MM/YY To MM/YY ☐ Summer ☐ Co-op				
Major Responsibilities:	☐ Internship				
	Uniteer ☐ Other: (specify)				
	May we contact thisemployer for a				
Supervisor/Manager to whom you reported: Position/Title:	reference? Yes				
Reason(s) for leaving or desire to change:					
Trodosti(o) for loaving or desire to change.	Email:				
Position Title Name of	Organization				
City Province/State Employe	(# of hours/wk) ☐ Summer ☐ Co-op				
Major Responsibilities:	☐ Internship☐ Volunteer				
	Other: (specify)				
Supervisor/Manager to whom you reported:	May we contact this employer for a reference? Yes				
Position/Title:					
Reason(s) for leaving or desire to change:	Email:				

Employment History	
Describe all work experience (paid and unpaid) starting with most recent or pr	esent.
Position Title Name of Organization	Full-time Part-time
City Province/State Employed From MM/YY To MM/YY	(# of hours/wk) ☐ Summer ☐ Co-op
Major Responsibilities:	☐ Internship ☐ Volunteer ☐ Other: (specify)
	May we contact this employer for a reference?
Supervisor/Manager to whom you reported:	No □
Position/Title: Reason(s) for leaving or desire to change:	Tel #: Email:
Position Title Name of organization	Full-time Part-time (# of hours/wk)
City Province/State Employed From MM/YY To MM/YY	Summer Co-op
Major Responsibilities:	☐ Internship☐ Volunteer
	Other: (specify)
	May we contact this employer for a reference?
Supervisor/Manager to whom you reported:	Yes
Position/Title:	Tel #:
Reason(s) for leaving or desire to change:	Email:
Position Title Name of Organization	Full-time Part-time (# of hours/wk)
City Province/State Employed From MM/YY To MM/YY	☐ Summer ☐ Co-op
Major Responsibilities:	☐ Internship ☐ Volunteer ☐ Other: (specify)
Superviser/Manager to whom you reported:	May we contact this employer for a reference? Yes
Supervisor/Manager to whom you reported:	Tel #:
Position/Title:	······································
Reason(s) for leaving or desire to change:	

List references if different than above on a separate sheet.

Summary
Demonstrate your suitability for position(s) sought, by outlining your career objectives . Provide detail as to how your experience (extracurricular,
volunteer and work) is relevant to the position(s) for which you are applying.
READ CAREFULLY BEFORE SIGNING I certify that I have carefully read the foregoing application and I declare that the statements made by me therein are true and complete to the best of
my knowledge. I hereby authorize North West College (the College), its delegate or an agent on its behalf, to conduct an investigation into the facts
stated on the material submitted within this application for employment and any supporting documents surrendered in accompaniment of the application for employment.
I understand that any omission or misrepresentation that I knowingly provide, with respect to this information, may be cause for denial of, or
immediate termination of employment. I understand also that if employed, I am required to abide by all policies and procedures of the College and
any special agreements reached between the employer, myself and/or the bargaining agent – SGEU, including serving an initial probationary period. I understand that in order to receive recognition for educational qualification, I must provide a copy of my transcripts from the relevant post-secondary
institution(s) or the certificate/license if it is for a trade requiring an apprenticeship period.
Have you attached an additional sheet or a resume? Yes No
This Personal Information is being collected and utilized to assess the applicant's eligibility and suitability for employment with the College, for
communication with the applicant, preparing employment contracts if the applicant is hired, providing access to services offered by North West
College (NWC) and for administrative and statistical purposes. Provisions of "The Local Authority Freedom of Information and Protection of Privacy Act" protect the information collected. Questions about NWC's Freedom of Information and Protection of Privacy policy and procedures should be
directed in writing to NWC's Privacy Head at 10702 Diefenbaker Drive, North Battleford, SK, S9A 4A8.
Acknowledgement: In signing this form, I acknowledge my consent to NWC's use and disclosure of my Personal Information as outlined above.
Date Signature

Completion of this section is voluntary

NORTH WEST COLLEGE is committed to a Representative Workforce, which ensures that all members of society have fair and equal access to employment opportunities and where the workforce accurately reflects the community it serves. Representation within the College is related to the population of the North West region for which this College is responsible to deliver services. To assist in monitoring the diversity of North West College, please complete the questions below. Designated group members are:

- Aboriginal persons (First Nations, Inuit or Metis)
- Visible minorities
- People with disabilities
- Women in under-represented occupations

All vacancies for which we recruit externally are considered opportunities for improving our representation of designated group members. If you are a person with a disability and require technical aids or alternative arrangements for interviews, please advise the Human Resources Officer of these special needs when you are contacted.

1. Aboriginal Persons
Are you an Aboriginal person? If "Yes", are you a member of one of the following groups? First Nations Métis Inuit
2. Members Of Visible Minorities
Members of visible minorities are persons who, because of their membership in a perceived racial group or colour, are a visible minority in Canada. This group includes people of African ancestry, Asian ancestry, etc. Do you consider yourself a member of a visible minority group? (This does not include persons of Aboriginal Ancestry.) Yes \(\subseteq \text{No} \subseteq \subseteq \text{No} \text{No} \text{No} \text{No} \text{No} \text{No} \text{No} \text{No} \text{No} \text{No} \text{No} \text{No} \text{No} \text{No} \text{No}
3. Persons With Disabilities
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Persons with disabilities are those who: a) Have a persistent physical; intellectual, mental, psychiatric, sensory or learning condition that: • requires a technical device and/or personal support or service, to perform the essential functions of the job; or • requires a modification of job site, job responsibility, adjustment of work hours, extra rest breaks or time off/leave, to obtain treatment as necessary; and b) Consider themselves to be, and/or have reason to believe an employer or potential employer would consider them to be, disadvantaged in finding, retaining or advancing in employment because of their condition. Do you consider yourself a person with a disability? Yes No
Do you have a disability, which will affect your ability to perform any of the functions of the job for which you have
applied? Yes No IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
4. Gender
Are you: Male Female