

APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in knowing more about your qualifications. A clear understanding of your background and work history will help us to consider the possibility of placing you in the position which suits you, and assist us in possible future upgrading. Curriculum Vitae (C.V.) or resume and a letter of intent should accompany this Application for Employment.

Position(s) appl	ied for				
Rate of pay exp	ected \$	_ per week			
Would you work	Full-time	Part-time	Specify days and	hours if part-time	e
If your application	on is considered fa	ourably, on what date	e will you be available for work?	·	20
If you have worked for KSCS in the past please indicate the duration			the duration from	_ to	and the last position held
within our organ	nization:		·		
			PERSONAL		
Name:		Telepho	one: ()		
	Last	First Mide	dle .	,	
Present Addre	ee.		Cellu	llar: ()	
rieselii Addie					
Rr	ny # / Street	Cit		Prov	Postal Code
В	ox # / Officet	Oil	y	1 100.	i ostai code
	ox # / Street	Cit	у	Prov.	Postal Code

LANGUAGE PROFICIENCY

[Please check the appropriate box(es)]

Language	Level of Competence	Spoken	Read	Written
Mohawk	Fluent Sufficient for work			
English	Fluent Sufficient for work	0		
French	Fluent Sufficient for work			

RECORD OF EDUCATION

You must provide a copy of your certificates/diplomas/degrees with your application

School	COURSE OF STUDY		Check last grade completed		Did you graduate?	List Diploma or Degree			
High School				7	8	9	10	□Yes □ No	
College				1	2	3	4	☐ Yes ☐ No	
University				1	2	3	4	☐ Yes ☐ No	
Other (Specify)				1	2	3	4	☐ Yes ☐ No	
List below, be	eginning with	your most re	cent, all pre	sent a	nd pas	st emp	oloyme	nt	
1. Name & ad Company, and type o	Idress of f Business	From Mo. Yr.	To Mo. Yr.		Veekly ing Sala	ry		son for eaving	Name of Supervisor
Telephone		Describe the	work you did:						
2. Name & ad Company, and type o		From Mo. Yr.	To Mo. Yr.		Veekly ing Sala	ry		son for eaving	Name of Supervisor
		Describe the	work you did:						
Telephone									
3. Name & ad Company, and type o	Idress of f Business	From Mo. Yr.	To Mo. Yr.		Veekly ing Sala	ry		son for eaving	Name of Supervisor
		Describe the	work you did:						
Telephone		-							

May we contact the employers indicated above? _____ If not, indicate by number which one(s) you do not wish us to contact _

PROFESSIONAL REFERENCES

You must include three professional references (name, position, title, and telephone number), of past or present supervisors.

Name and Occupation	Address	Phone Number			
Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization?					

IMPORTANT NOTICE: K.S.C.S. is an equal opportunity employer that does not discriminate on the basis of actual or perceived race, colour, sex, pregnancy, sexual orientation, civil status, age except as provided by law, religion, political convictions, language, ethnic or national origin, social condition, a handicap or the use of any means to palliate a handicap, all in accordance with and subject to the applicable legislation. Our management team is dedicated to insuring the fulfillment of this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities and general treatment during employment.

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at K.S.C.S. are based on merit, qualifications, and abilities. In addition, K.S.C.S. will endeavor to provide a reasonable accommodation with regard to any known protected characteristic of qualified employees and applicants unless such accommodation would impose an undue hardship on our operations.

IMPORTANT – PLEASE READ CAREFULLY THE FOLLOWING DECLARATIONS, QUESTION AND AUTHORIZATION BEFORE SIGNING THEM:

(A) $-I$ declare that with the exception of (please provide detail	s):
disability that can, or could eventually render my work outputes than what would normally be expected.	, I do not have, nor ever had, any health problem or functional it at Kahnawake Shakotiia'takehnhas Community Services ("K.S.C.S.")
psychological tests and medical examinations for the purpose the responsibilities related to the employment which I could b	nditional upon my successful completion of interviews, ability tests, of evaluating my professional ability to perform the tasks and discharge be offered. In addition, should I be hired I agree to submit for the same others, and to comply with employment regulations and procedures that
Signature of Applicant	Date
(B) – Have you ever been convicted (i) of a criminal offence or YES NO Are you currently charged with (i) a crimina	(ii) statutory offence for which a pardon has not been granted? I offence or (ii) statutory offence? YES NO
If YES to either preceding question, please provide full details:	
Signature of Applicant	 Date
perform the work which I could be offered within its orga- representatives to contact any present or former employer, he listed or not in this Application for Employment, for the purpo- ability to perform the tasks and discharge the responsibilitie- element related thereto. For that purpose I hereby expressly persons, institutions and organizations holding information a cooperate within that verification process and hereby release a	mation about me for the purpose of evaluating my professional ability to anizational environment. Consequently, I authorize K.S.C.S. and its alth professional, other persons, institutions and organizations, whether use of verifying my employment history, my schooling, my professional is related to the employment which I could be offered, and any other of authorize any present or former employer, health professional, other about me to disclose it to K.S.C.S. or its representatives. I agree to and discharge all such persons from any liability that could arise from the wledge that a photocopy of this authorization is as legally valid as the
my knowledge and belief. I understand and acknowledge tha	on for Employment or relating thereto is complete and true to the best of t any misrepresentation, false declaration or omission with regard to a ent or the verification process referred to above, shall constitute serious, C.S.
Signature of Applicant	Date

Your application must include your educational certification otherwise it will be considered incomplete and therefore, will not be considered for the selection process.