



Mississaugas of Scugog Island First Nation
 22521 Island Rd., Port Perry, ON L9L 1B6

Phone: 905-985-3337
 Fax: 905-985-8828

APPLICATION FOR EMPLOYMENT

INTEREST AREA (S) Part Time Full Time Summer Employment Seasonal On-Call

- | | | |
|---|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Community Prevention & Health | <input type="checkbox"/> Construction Labourer |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Housing Coordinator | <input type="checkbox"/> Construction Supervisor |
| <input type="checkbox"/> Finance /Accounting/Payroll | <input type="checkbox"/> Education Manager | <input type="checkbox"/> Cultural and Community Events |
| <input type="checkbox"/> Grounds Maintenance Labourer | <input type="checkbox"/> Community Health Nurse | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Economic Development Officer | <input type="checkbox"/> Receptionist/Secretarial | <input type="checkbox"/> Child & Youth Programs |
| <input type="checkbox"/> Computer & Network Operator | <input type="checkbox"/> Gas Attendant | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Water Operator | <input type="checkbox"/> Building & Grounds Supervisor | <input type="checkbox"/> Manager |

SPECIFIC Position(s) Applied For:

AVAILABILITY RESTRICTIONS:

PERSONAL

LAST NAME	FIRST NAME	MIDDLE NAME	PHONE #1	PHONE #2

STREET ADDRESS

CITY	PROVINCE	POSTAL CODE

PROFESSIONAL CERTIFICATES/LICENSES

Are you over the age of 14? Yes No

Are you legally entitled to work in Canada? (Proof will be required) Yes No

Have you ever been convicted of a criminal offense for which a pardon has not been granted, or if granted, not subsequently revoked?
If yes, please provide details on separate sheet. Yes No

EDUCATION:

YEAR (S)	PROGRAM	ACHIEVEMENT

OTHER SKILLS/QUALIFICATIONS

SELF-DISCLOSURE (VOLUNTARY INFORMATION)

ABORIGINAL (as defined in Policy 3.1 Recruitment and Selection Practices)

WORK EXPERIENCE

NAME & ADDRESS OF CURRENT OR MOST RECENT EMPLOYER		PHONE #
PERIOD FROM-TO	REASON FOR LEAVING	RATE OF PAY
JOB TITLE	NAME OF SUPERVISOR	
DUTIES & RESPONSIBILITIES		
NAME & ADDRESS OF PREVIOUS EMPLOYER		PHONE #
PERIOD FROM-TO	REASON FOR LEAVING	RATE OF PAY
JOB TITLE	NAME OF SUPERVISOR	
DUTIES & RESPONSIBILITIES		
NAME & ADDRESS OF PREVIOUS EMPLOYER		PHONE #
PERIOD FROM-TO	REASON FOR SEPARATION	RATE OF PAY
JOB TITLE	NAME OF SUPERVISOR	
DUTIES & RESPONSIBILITIES		

WAIVER

1. The Mississaugas of Scugog Island First Nation is an Equal Opportunity Employer and abides by the Canada Labour Code and other applicable employment laws. You are not required to disclose information about physical or mental disabilities that will not interfere with your job performance.
2. I understand that The Mississaugas of Scugog Island First Nation may require me to submit to physical or medical testing to measure my ability to perform particular job requirements. I hereby agree to submit to any post-offer medical examinations that may be required as a condition of employment, and I understand that the offer of employment may be conditional upon passing of any such examination or test. Medical tests are used only to obtain information necessarily related to specific job requirements and the results of such tests are kept confidential.
3. I understand and agree that all of the information listed on my application/resume may be used by The Mississaugas of Scugog Island First Nation to verify my employment status and eligibility. This may include a thorough investigation of my personal character, past employment, education and employment related activities. I authorize and release from liability or responsibility The Mississaugas of Scugog Island First Nation, and all persons or organizations supplying such information to the Mississaugas of Scugog Island First Nation in any proceeding under any law or statute.
4. I understand that any misrepresentations, deliberate omission, or falsifying of information in this application will be sufficient cause for cancellation of this application and/or for my termination from employment with The Mississaugas of Scugog Island First Nation. I certify that, if employed by The Mississaugas of Scugog Island First Nation, I will abide by all company rules and regulations as well as Federal and other Laws applicable to First Nation operations. I understand that any violation of the aforementioned rules will be cause for disciplinary action and/or termination from employment. I understand all new employees are on probation in the early stages of their service and if hired, Human Resources will advise me of the details. I certify that the above statements have been read by me and that the statements I have made on this application are true and correct. I authorize The Mississaugas of Scugog Island First Nation to verify all information. I understand that The Mississaugas of Scugog Island First Nation is in no way obligated to provide employment and that I am in no way obligated to accept employment.
5. In the event the position you are hired for requires a Canadian Police Information Centre (CPIC) check, you will be required to complete an application. Your employment with the First Nation will be conditional upon an acceptable CPIC relative to the position and the successful completion of any required training.

SIGNATURE	DATE
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