

METLAKATLA FIRST NATION

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Application Form

Personal Data:

1 CISUMAI DA	μα.		
Last Name	First Name	Middle Initial	Date of Birth
PO Box or Street A	l dduare		
PO Box or Street A	auress		
City/Town	Postal Code		Phone Number
Status Number			E-mail Address
	lid BC Driver's Lice) Class 3 Class 4 Air
Endorsement	3Ouss 3Ou	.55 1 Cm55 2	Cuss 5 Cuss 1 11/
			on (Driver's License, Status Social Insurance Number)?
Are you physicall	ly fit and able to pass	s a required medic	al examination?
Are you able to po yesno	ass a required heari	ng examination?	
Are you willing toyesno	o complete a backgro	ound check includi	ing a criminal records check?
'	o submit to and pass forfeited application,	_	testing? (failure to pass these
Are you willing a	nd able to attend at ons to secure a shift	-	person, twice per day, morning
yesno			

Education:
Highest grade complete in school?
Did you graduate from high school? Yes No
Please list any trades, welding, heavy equipment, rail or First Aid qualifications:
Employment History (current and prior employment):
Job Title and Duties:
Company/Employer:
Dates of
Employment:
Job Title and Duties:
Company/Employer:
Dates of
Employment:
Job Title and Duties:
Company/Employer:
Dates of
Employment:
Disclaimer:
I certify that my answers are true and complete to the best of my knowledge.
Applicant's Signature Date