



ABORIGINAL Youth CAREER PATHWAYS

CAREERS: The Next Generation Aboriginal Career Pathways APPLICATION PACKAGE CHECKLIST

- A. **Check off** each item as you complete it.
- B. Submit application items **in the order listed below**.
- C. 3 ways to submit your application:
1. Scan the entire package to your field director at: _____
 2. Fax the entire package to your field director at: _____
 3. Insert **one single-sided original** into a large (9x12) manila envelope and give/mail to your field director at: _____

ORDER OF INFORMATION FOR APPLICATION SUBMISSION
<input type="checkbox"/> Application Checklist Page (this page)
<input type="checkbox"/> Cover Letter: Why are you interested in the Aboriginal Career Prep Program? Specify the skills that make you a good candidate.
<input type="checkbox"/> Current Resume: Indicate the type of volunteer, school, team and service programs you have been involved with special courses, certificates, etc. (WHMIS, CSTS, OSSA, First Aid, Driver's License)
<input type="checkbox"/> Parent/Guardian Support and Consent Form
<input type="checkbox"/> Recent Course Mark Statement including up-to-date marks in current courses. Counselor should write in marks for current courses and sign (if mid-term marks are not available)
<input type="checkbox"/> Counselor and/or Teacher Recommendation Form #1 This may be inserted into a sealed envelope and given directly to the CAREERS Field Director.
<input type="checkbox"/> School Attendance Record (for current year to date)
<input type="checkbox"/> CAREERS Aboriginal Youth Initiative Application Form

Students must also have a Social Insurance Number to be an employee. An application can be found at <http://www.servicecanada.gc.ca/eforms/forms/nas2120e.pdf>

Return completed form to: CAREERS Field Director

Aboriginal Career Pathways APPLICATION FORM

Submit completed application along with all supporting documents to your CAREERS: The Next Generation field director

Student Information

Last Name:	First Name:	Middle Name:
Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City:		Postal Code:
Email:		Home phone:
School Name:		Cell phone:
Birth Date:	AB Student ID ⁽¹⁾ :	Fax number:
Anticipated Year of Graduation:	If you wish to identify yourself as aboriginal, please check one of the following: (Information is for statistical purposes only.) <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis	
Program Information		
Please select two (2) careers of interest in order of your preference :		
Additional Information		
You must be able to provide full-time availability for 6 consecutive weeks during the summer? If no, please give details:		
You must be able to provide your own transportation to and from the worksite unless otherwise provided.		
Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Student Agreement:

*I, the applicant, certify the information given in and with this **application package, resume, and cover letter** is true and complete to the best of my knowledge and that it may be viewed by employers for the purpose of determining a potential placement.*

I agree to attend any safety courses or prerequisite courses or sessions as required for individual programs.

I understand that applying for any off-campus program does not guarantee that I will receive an internship.

Student Signature

Date

PHOTO RELEASE AGREEMENT:

There may be occasions when a student will be photographed, interviewed or videotaped. These photographs, interviews, testimonials and/or videotapes may be used by CAREERS: The Next Generation, the Schools and/or School Divisions for internal program promotion or by external media for release to the general public. I, the applicant, understand the information provided above and hereby give consent for the use and disclosure of personal information and photographs, testimonials, interviews and/or videotapes regarding my internship, for the purposes specified above. Yes No

Student Signature

Date

Return completed form to: CAREERS Field Director

Aboriginal Career Pathways Internship Program Recommendation: Teacher Form (1)

Applicant: Please fill in the information below BEFORE giving form to respondent (teacher/counselor)

Name of Applicant: _____ Home Phone: _____

Address: _____

City: _____ Postal Code: _____ School: _____

In what capacity do you know the student? _____

For how long? _____

All Aboriginal students are eligible for enrolment into the Aboriginal Career Pathways Internship Program provided they meet the criteria. However, it may not be possible for all students to receive an internship position. An employer interview is necessary to be selected to participate in the summer internship.

Success will depend upon:

- student's demonstrated interest in the field selected.
- their capacity to meet the requirements of the workplace and school programs
- their willingness to participate fully in a rigorous internship and school program
- their ability to communicate and work as a team member
- their school performance

Rate each characteristic of the applicant below: **(1 = Low to 4 = Exceptionally High)**

Indicate your perception of this student with respect to the following chart by placing a check mark (✓) in the box below the appropriate number.

	Poor	1	2	3	4	5	Excellent	Comments:
1. Level of interest and commitment in the Aboriginal Career Pathways Internship Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Curiosity and Eagerness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Behavior/Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Persistence (doesn't give up easily)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Responsible and Respects Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Special Notes: _____

Teacher Name _____ Phone _____ () _____
 Teacher Signature _____
 Return completed form to _____ before _____ (date required).

Return completed form to: CAREERS Field Director

Aboriginal Career Pathways Internship Program: Additional Recommendation, Off-Campus Coordinator/Teacher Form (optional)

Applicant: Please fill in the information below BEFORE giving form to respondent (teacher/counselor)

Name of Applicant: _____ Home Phone: _____

Address: _____

City: _____ Postal Code: _____ School: _____

In what capacity do you know the student? _____

For how long? _____

All Aboriginal students are eligible for enrolment into the Aboriginal Career Pathways Internship Program provided they meet the criteria. However, it may not be possible for all students to receive an internship position. An employer interview is necessary to be selected to participate in the summer internship.

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Rate each characteristic of the applicant below: **(1 = Low to 4 = Exceptionally High)**

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		Poor	1	2	3	4	5	Excellent	Comments:
1.	Level of interest and commitment in the Aboriginal Career Pathways Internship Program		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Academic Achievement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Academic Potential		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Curiosity and Eagerness to Learn		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Attendance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Behavior/Citizenship		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Communication Skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Interpersonal Skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Persistence (doesn't give up easily)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Responsible and Respects Confidentiality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Teamwork		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Special Notes: _____

Teacher Name _____ Phone () _____

Teacher Signature _____

Return completed form to _____ before _____ (date required).

Return completed form to: CAREERS Field Director

Notes:

Return completed form to: CAREERS Field Director



ABORIGINAL YOUTH CAREER PATHWAYS

Clusters and Occupations

