

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:
 - 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 ☐ Application Checklist Page (this page) ☐ Cover Letter: Why are you interested in the Aboriginal Career Prep Program? Specify the skills that make you a good candidate. ☐ 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) ☐ Parent/Guardian Support and Consent Form ☐ 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) ☐ Counselor and/or Teacher Recommendation Form #1 This may be inserted into a sealed envelope and given directly to the CAREERS Field Director. ☐ School Attendance Record (for current year to date) ☐ 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

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: Male 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.) First Nations Inuit Metis | | | | | | | |
| Program Information | | | | | | | | |
| Please select two (2) careers of interest in ord | der of your preference : | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Additional Information | | | | | | | | |
| You must be able to provide full-time availabili If no, please give details: | ty for 6 consecutive weeks during the summer | ? | | | | | | |
| You must be able to provide your own transpo | rtation to and from the worksite unless otherw | ise provided. | | | | | | |
| Driver's License? Yes No | | | | | | | | |
| | | | | | | | | |
| Student Agreement: I, the applicant, certify the information given in knowledge and that it may be viewed by employed. | | and cover letter is true and complete to the best of my placement. | | | | | | |
| I agree to attend any safety courses or prerequ | isite courses or sessions as required for indivi | dual programs. | | | | | | |
| I understand that applying for any off-campus p | program does not guarantee that I will receive a | an internship. | | | | | | |
| Student Signature | Date | | | | | | | |
| videotapes may be used by CAREERS: The Normedia for release to the general public. I, the a | ext Generation, the Schools and/or School Div opplicant, understand the information provided | hese photographs, interviews, testimonials and/or isions for internal program promotion or by external above and hereby give consent for the use and es regarding my internship, for the purposes specified | | | | | | |
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.Aboriginal Career Pathways Internship Program APPLICATION FORM - Page 2

| Parent/Guardian Information and Emergency Cont | act | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Parent 1 Name: | Parent 2 Name: | | | | | | | |
| Home Phone: | Home Phone: | | | | | | | |
| Work Phone: | Work Phone: | | | | | | | |
| Cell: | Cell: | | | | | | | |
| Email: | Email: | | | | | | | |
| excellent opportunity for your son/daughter to gain confidence in ma | | | | | | | | |
| Expectations: Employers expect a student to be available to work throughout | the summer for a six (6) consecutive week period. | | | | | | | |
| | r the Aboriginal Career Pathways Summer Internship Program are usually sely not all students who apply will get positions. Employers select the application and resume. | | | | | | | |
| Parent / Guardian Agreement I acknowledge and agree to the above terms. I agree that the application package along with the submitted resum potential acceptance into internships. | ne and cover letter may be viewed by employers for the purpose of determining | | | | | | | |
| Parent/Guardian Signature (Print and Sign Name) | Date | | | | | | | |
| videotapes may be used by CAREERS: The Next Generation, the S media for release to the general public. I, the applicant, understand | rviewed or videotaped. These photographs, interviews, testimonials and/or Schools and/or School Divisions for internal program promotion or by external I the information provided above and hereby give consent for the use and atterviews and/or videotapes regarding my internship, for the purposes specified | | | | | | | |
| Parent/Guardian Signature (Print and Sign Name) | Date | | | | | | | |

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

| | Applicant: Please fill in the inform | nation below | BEFO | ORE : | | | | spondent | t (teacher/counselor) |
|-------------|---|---|--------------------------|-----------------------------|----------|----------|----------|-------------|--|
| Nar | me of Applicant: | | | | H | lome F | Phone: | | |
| Add | dress: | | | | | | | | |
| City | Postal Code: | | | Sch | iool: | | | | |
| ln v | what capacity do you know the student? | | | | | | | | |
| Fo | or how long? | | | | | | | | |
| may inte | Aboriginal students are eligible for enrolment into the y not be possible for all students to receive an internernship. cess will depend upon: student's demonstrated interest in the field select their capacity to meet the requirements of the vertheir willingness to participate fully in a rigorous their ability to communicate and work as a team their school performance Rate each characteristic of | ship position. A ected. workplace and s s internship and m member | An em schoo I scho | nploye I prog pol pro | r inte | rview i | s nece | ssary to b | e selected to participate in the summe |
| | Rate each characteristic of | of the applicar | it bei | ow: | (1 - 1 | .ow t | 0 4 = | Exceptio | nally Hign) |
| Indic | cate your perception of this student with respect to the | e following cha | rt by p | olacin | g a cł | neck m | ark (✔ |) in the bo | ox below the appropriate number. |
| | | Poor | 1 | 2 | 3 | 4 | 5 E | xcellent | Comments: |
| | Level of interest and commitment in the | | П | П | | П | | | |
| | Aboriginal Career Pathways Internship Progra | ım | | <u> </u> | _ | | | | |
| | Academic Achievement | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | |
| | Academic Potential | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | |
| | Curiosity and Eagerness to Learn | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | |
| | Attendance | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | |
| | Behavior/Citizenship | | <u>Ц</u> | <u> </u> | <u> </u> | <u> </u> | _Ц_ | | |
| | Communication Skills | | | | <u>Ц</u> | | | | |
| | Interpersonal Skills | | <u> </u> | <u> </u> | <u> </u> | <u>Ц</u> | | | |
| | Persistence (doesn't give up easily) | | | | | | | | |
| ١. | Responsible and Respects Confidentiality | | | | | | | | |
| | Teamwork | | | | | | | | |
| 0 | SIM to | | | | | | | | |
| Spec | cial Notes: | | | | | | | | |
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| | | | _ | | | _ | | | |
| Tead | cher Name | | | Ph | one | (|) | | |
| Tead | cher Signature | | _ | | | | | | |
| | | | _ | | r | | | | (Action of the B |
| Retu | ırn completed form to | | | be | fore | | | | (date required). |

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

| Nar | me of Applicant: | | | | | H | ome F | hon | e: | | |
|------------|--|---|-------------|---------------------|---------------------|----------|-------------------|-------|---------------|----------------------|---------------|
| Add | dress: | | | | | | | | | | |
| City | <i>/</i> : | Postal Code: | | | Sch | nool: | | | | | |
| ln ' | what canacity do you kn | ow the student? | | | | | | | | | |
| | | | | | | | | | | | |
| | or how long? | | | _ | | | | | | | |
| ma inte | y not be possible for all senship. cess will depend upon: student's demonstr | eligible for enrolment into the Ab students to receive an internship rated interest in the field selected | position. A | n em | ploye | er inter | ternsr rview i | is ne | rogram provi | ded they meet the co | riteria. Howe |
| | their <u>willingness</u> totheir <u>ability</u> to comr | eet the requirements of the work participate fully in a rigorous into nunicate and work as a team me | rnship and | | | | | | | | |
| | their <u>school</u> perforn | nance | | | | | | | | | |
| | | Rate each characteristic of th | e applican | t bel | ow: | (1 = L | ow 1 | o 4 | = Exception | nally High) | |
| ndia | note your percentian of th | is student with respect to the fol | lowing char | t by r | Jacin | a o ob | ook m | ork / | ·/) in the he | y holow the appropri | iata numbar |
| riaic | cate your perception or tr | is student with respect to the fol | _ | | | - | | | | x below the appropri | iate number |
| | | | Poor | 1 | 2 | 3 | 4 | 5 | Excellent | Comments: | |
| | | I commitment in the athways Internship Program | | | | | | |] | | |
| | Academic Achieven | | | | П | П | П | |] | | |
| | Academic Potential | | | $\overline{\sqcap}$ | $\overline{\sqcap}$ | 一 | 一 | Ē |] | | |
| | Curiosity and Eager | ness to Learn | | | | | | |] | | |
| | Attendance | | | | | | | |] | | |
| | Behavior/Citizenship |) | | | | | | |] | | |
| | Communication Ski | ls | | | | | | |] | | |
| | Interpersonal Skills | | | | | | | |] | | |
| | Persistence (doesn' | t give up easily) | | | | | | | | | |
| | | spects Confidentiality | | | | | | |] | | |
| | Teamwork | | | | | | | | | | |
| Spec | cial Notes: | | | | | | | | | | |
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| Tead | cher Name | | | _ | Pł | none | _(| |) | | |
| | cher Signature | | | | | | | | | | |
| Теас | ulei Signature | | | | | | | | | | |

Notes:



ABORIGINAL YOUTH CAREER PATHWAYS





