



Training Application

*** Documents and/or Certificates Required (copies)**

First Name _____

Last Name _____

Present Community of residence _____

Other communities in Eeyou Istchee / James Bay you lived in for at least 6 months
(Chibougamau, Chapais, Quevillon, Matagami, Radisson, Whapmagoostui,
Chisasibi, Wemindji, Eastmain, Waskaganish, Nemaska, Mistissini,
Ouje-Bougoumou, Waswanipi)

Age: _____

Speaking language proficiency: (circle reply)

Cree	none	some	fluent
French	none	some	fluent
English	none	some	fluent

Report writing proficiency: (circle reply)

French	none	some	fluent
English	none	some	fluent

Social Insurance Number (to be requested if you are accepted)

Are you presently available and if not, when _____

Academic Standing: (if required, use a separate page)

* Last grade completed _____ School: _____

* Certificates, publications, scholarships and/or awards _____

* Research papers or submissions / date, institution

Job Skills:

* Valid current driver license: indicate expiry date _____

* Letters of reference (attach copies)

* Previous training courses completed or incomplete (list on a separate sheet)

Self-taught training – abilities (description) (list on a separate sheet)

Computer or telecom skills (description) _____

Work Experience:

Present employer (no. of years, position), previous employment and positions

Name of employer: _____

Position: _____ No. of years/months _____

Previous employment:

Name of employer: _____

Position: _____ No. of years/months _____

Previous employment:

Name of employer: _____

Position: _____ No. of years/months _____

Community service participation (organizations, awards)

Name of organization: _____

Position: _____ No. of years/months _____

Comments on your experience: _____

Have you had teaching or experience as a trainer _____

Have you worked in customer relations? If so, for how long? _____

Hobbies and pastimes: _____

Position sought: _____

Are you available and capable to work in another community _____

Are you available and capable to work on a mobile emergency crew with for short term travel _____

If you have additional information, you may submit it with this application.

Date: _____

Signature _____

Contact telephone number: _____

Alternate contact - Cell phone _____

Email address: _____

Mailing Address _____