



**EMPLOYMENT APPLICATION**

**APPLICANT INFORMATION**

LAST NAME:	FIRST NAME:	INITIAL:
STREET:	P.O. BOX:	
TOWN:	PROVINCE:	POSTAL CODE:
SIN:		
PHONE: ( ) -	FAX: ( ) -	
EMAIL:	@	
METIS MEMBERSHIP NUMBER:		Office Use Only

**CAREER COMPETITION**

POSITION APPLIED FOR:	COMPETITION #:
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**REFERENCES**

LAST NAME:	FIRST NAME:	INITIAL:
PHONE: ( ) -	FAX: ( ) -	
EMAIL:		
CONNECTION TO APPLICANT:		Office Use Only

LAST NAME:	FIRST NAME:	INITIAL:
PHONE: ( ) -	FAX: ( ) -	
EMAIL:		
CONNECTION TO APPLICANT:		Office Use Only

LAST NAME:	FIRST NAME:	INITIAL:
PHONE: ( ) -	FAX: ( ) -	
EMAIL:		
CONNECTION TO APPLICANT:		Office Use Only



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**PREVIOUS EMPLOYMENT**

MOST RECENT EMPLOYER:

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ PHONE: (     )     -

DATES OF EMPLOYMENT, FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DUTIES: \_\_\_\_\_

Office Use Only

REASON FOR LEAVING: \_\_\_\_\_

PAST EMPLOYER:

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ PHONE: (     )     -

DATES OF EMPLOYMENT, FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DUTIES: \_\_\_\_\_

Office Use Only

REASON FOR LEAVING: \_\_\_\_\_

PAST EMPLOYER:

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ PHONE: (     )     -

DATES OF EMPLOYMENT, FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DUTIES: \_\_\_\_\_

Office Use Only

REASON FOR LEAVING: \_\_\_\_\_

**EDUCATION**

EDUCATIONAL INSTITUTION:

PROGRAM: \_\_\_\_\_ COMPLETED: \_\_\_\_\_

Office Use Only

AVERAGE: \_\_\_\_\_ REFERENCE: \_\_\_\_\_ PHONE: (     )     -

EDUCATIONAL INSTITUTION:

PROGRAM: \_\_\_\_\_ COMPLETED: \_\_\_\_\_

Office Use Only

AVERAGE: \_\_\_\_\_ REFERENCE: \_\_\_\_\_ PHONE: (     )     -

EDUCATIONAL INSTITUTION:

PROGRAM: \_\_\_\_\_ COMPLETED: \_\_\_\_\_

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AVERAGE: \_\_\_\_\_ REFERENCE: \_\_\_\_\_ PHONE: (     )     -



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**IMPORTANT INFORMATION**

What are your salary expectations?

Have you ever been convicted of a felony? If yes, please explain:

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Have you been employed with the LMN before?

**VOLUNTEER ACTIVITIES**

Please list your present and past volunteer activities.

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**LABRADOR METIS NATION KNOWLEDGE**

Please demonstrate your knowledge of the LMN and state your interest in working for the organization.

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**DISCLAIMER AND SIGNATURE**

*I certify that my answers are true and complete to the best of my knowledge. I have attached my resume with cover letter.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  
All employment applications should be faxed to 1-709-896-0594.*

SIGNATURE:

DATE:

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