



Lac La Ronge Indian Band
2018
Summer Student
Employer Program Request Form:

Application Deadlines: June 15, 2018

Post-Secondary Education

Post Office Box 399

AIR RONGE, SASKATCHEWAN S0J 3G0

Office Phone: (306) 425-4938 Office Fax: (306) 425-3030

Email: summer_employment@llribedu.ca

DEPARTMENT/PROGRAM NAME: _____

For office use only:

Date Received: _____

Received by: _____

FAX

Mail

Dropped off

Other _____

LA RONGE INDIAN BAND
APPLICATION FOR SUMMER STUDENT EMPLOYMENT PROGRAM

Application Deadline: June 15th, 2018

The Summer Student Employment Program is seeking job positions for students from 15-30 years of age. The goal of the program is to help find employment for students in order for them to gain the training and experience they need for future employment. The Summer Student Employment Program (SSEP) will make job opportunities fair and accessible to all students who qualify.

This program is set up, where we place students in different areas such as: LLRIB Departments, Youth Haven, JRMCC Recreation, Bell's Point School Recreation, SMVS Recreation, Keethanow Group of Business's (band business's), whereas the students are supervised and trained on site, by seasoned veterans who will act as mentors for the students, The program pays for half of the wages, the other half is paid by the employer (you).

DEPARTMENT/PROGRAM INFORMATION (Please print)

Department/Program Name: _____

Department Branch: _____

Location: _____

Contact Person: _____

Contact Person Phone #: _____

Contact Person E-Mail: _____

Number of students requested: _____

JOB DESCRIPTION(S)

Position/Role Title #1: _____

Role Summary (Please be as detailed as possible), Example – duties, hours of work, days of work, etc.

Work Location: _____

Any Training/Certificates you would prefer the student to have (Ex: First Aid CPR, WHIMIS, etc)

Position/Role Title #2: _____

Role Summary (Please be as detailed as possible), Example – duties, hours of work, days of work, etc.

Work Location: _____

Any Training/Certificates you would prefer the student to have (Ex: First Aid CPR, WHIMIS, etc)

Position/Role Title #3: _____

Role Summary (Please be as detailed as possible), Example – duties, hours of work, days of work, etc.

Work Location: _____

Any Training/Certificates you would prefer the student to have (Ex: First Aid CPR, WHIMIS, etc)

Position/Role Title #4: _____

Role Summary (Please be as detailed as possible), Example – duties, hours of work, days of work, etc.

Work Location: _____

Any Training/Certificates you would prefer the student to have (Ex: First Aid CPR, WHIMIS, etc)

*****Please attach any additional "Position/Role Title" to this form if needed*****

Name of Expected Supervisor: _____

Cell phone number: _____

Land line phone number: _____

E-Mail: _____

Address: _____ Town: _____

Province: _____ Postal Code: _____

NOTE TO EMPLOYERS:

Students must be a member of the LLRIB.

Students must be current post-secondary or high school or ABE students, and returning to school in the fall

Students must have a Social Insurance Number (SIN#)

Students must be at least 15 years of age.

Print Name: _____

Signature: _____ **Date:** _____