



THE OUTLAND YOUTH EMPLOYMENT PROGRAM

APPLICATION DEADLINE: June 1st

Late submissions will be accepted after the application deadline however preference will be given to early applicants. Any application submitted after June 1st will be automatically placed on the waiting list.

| Personal Information | | |
|---------------------------------|-----------------------------------|---------------|
| Name | Date of Birth (yyyy/mm/dd) | |
| Facebook Name (optional) | Age | Gender |

| Contact Information | | |
|-----------------------|------------------------|--------------------|
| Street Address | Apartment/Suite | |
| City | Province | Postal Code |
| Email | Telephone | |

| Education and Affiliation | |
|-----------------------------------|---------------------------------|
| High School | |
| Current Grade | Expected Grade Next Year |
| Community/Band Affiliation | |

Application does not guarantee acceptance into the Outland Youth Employment Program

*** In Ontario, you must also provide a credit counseling summary or high school transcript in addition to this form in order to be considered for the Co-Op program***

Availability and Eligibility

Are you available to work, away from home, for the complete months of July and August?

**Camp start and end dates may vary, but will run for six-weeks from start date*

yes
no

Are you interested in pursuing a career in a natural resources related field?

e.g. Forestry, Silviculture, Mining, Exploration, Energy, etc.

yes
no

Do you have any known allergies?

i.e. Food, medications, insects, scents, etc.

yes
no

If yes, please specify

Please provide 2 professional references.

e.g. Former employers, teachers, band council members, sports coaches

| Reference #1 | |
|---------------------------|----------------------------|
| Name | Relationship to you |
| Telephone or Email | |

| Reference #2 | |
|---------------------------|----------------------------|
| Name | Relationship to you |
| Telephone or Email | |

By signing this application, I understand that if I am hired, any deliberate omission or falsifying of information by me concerning this application will be sufficient cause for dismissal from the program. I authorize Outland to verify all information given on this form.

| | |
|----------------------------|-------------|
| Applicant Signature | Date |
|----------------------------|-------------|