



Kahnawake Education Center

PO Box 1000
Kahnawake QC J0L 1B0
Tel: 450 632-8770
Fax: 450 632-8042

JOB APPLICATION

Personal Information

Surname: _____ Telephone: _____
Given Name: _____ Cell Phone: _____
Maiden Name (if applicable): _____
Address: _____
Civic #/PO Box Street Apt. City Province Postal Code

Languages - Please indicate either - **Fluent, Excellent, Good or Poor**

Kanien'kéha (Mohawk) Spoken: _____ Written: _____
English Spoken: _____ Written: _____
French Spoken: _____ Written: _____

Position Applied For: _____ Working Language: _____

Education - Important - please append copies of qualifications (diploma or transcripts)

	Institution	Certificate/Diploma/Degree	Years
Secondary			
CEGEP/College			
University			
Technical Training			

Legal Offences

The KEC wishes to ensure the safety of its students. Are you willing to provide a police reference check? YES NO

Work Experience

Company	Position	Period of Service	Reason for Leaving

References

Name: _____ Title: _____ Tel: _____
Name: _____ Title: _____ Tel: _____
Name: _____ Title: _____ Tel: _____

I authorize the Kahnawake Education Center to verify my work record and performance with previous employers.

Signature: _____ Date: _____

Please forward to: Human Resources Department
Kahnawake Education Center
PO Box 1000, Kahnawake QC J0L 1B0

Please append copies of curriculum vitae, diploma or transcripts and any other pertinent information.