



## Akwesasne Career & Employment Support Services

PO BOX 965, Cornwall, Ontario K6H 5V1  
Phone: 613-575-2626 | Fax: 613-575-2863  
[www.acesjobs.ca](http://www.acesjobs.ca)

---

### 2021 - 2022 BEST MATCHES EMPLOYMENT PROGRAM

The enclosed application packet *MUST BE COMPLETED IN FULL* in order to be considered for a position in the Best Matches Program.

Eligible participants for the Best Matches Employment Program ***MUST***:

- Be a full-time student (in the current academic school year) and returning to school in the beginning of the 2022 school year on a full-time basis.
- Be within 16 - 30 years old
- Be a member or probationary member of the Mohawks of Akwesasne or member of the Mohawk Nation Council of Chiefs
  - ✓ Please complete the membership verification form (last page)
- Have a Social Insurance Number (SIN)
  - ✓ Must present your card when submitting application
- Submit a Cover Letter & Resume with this packet

**PLEASE RETURN ALL DOCUMENTS TO THE ACCESS OFFICES.**

***\*APPLICATIONS RECEIVED THAT ARE INCOMPLETE WILL NOT BE CONSIDERED\****

**PLEASE NOTE: THAT THE BEST MATCHES PROGRAM HAS EXPANDED TO YEAR-ROUND. YOU ARE ENCOURAGED TO SUBMIT YOUR COMPLETED APPLICATION EARLY DURING THE SCHOOL YEAR TO ENSURE PROPER COMPLETION AND APPROVAL.**

**If you have any questions, do not hesitate to contact ACCESS:  
Call 613-575-2626 or Email [info@acesjobs.ca](mailto:info@acesjobs.ca)**

**CONTINUE TO NEXT PAGE**



# Akwesasne Career & Employment Support Services

PO BOX 965, Cornwall, Ontario  
Phone: 613-575-2626 | Fax: 613-575-2863  
[www.acesjobs.ca](http://www.acesjobs.ca)

**THIS FORM MUST BE COMPLETED IN FULL TO BE VALID**

## ACCESS STUDENT EMPLOYMENT APPLICATION FORM

<b>FOR OFFICE USE ONLY:</b> <input type="checkbox"/> SEED <input type="checkbox"/> BEST MATCHES <input type="checkbox"/> COLLEGE PREP		YEAR: 20____
File No.:	Hire Date:	
Employer:	End Date:	
Job Title:	NOC :	

PERSONAL IDENTIFICATION		
First Name:	Middle Initial:	Last Name:
Canadian Street Address:	Social Insurance Number:	
	Primary Phone Number:	
City/Town/Village:	Secondary Phone Number:	
Province:	Email Address:	
Postal Code:	Band Number:	
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Identified	Date of Birth:	
Disability Type: <input type="checkbox"/> N/A	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
Are you a Social Assistance recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Dependents:	

EDUCATION	
Are you currently enrolled in the academic school year (2021-2022)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list your current grade level >	(Grade Level)
Were you a student during the previous school year (2020-2021)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be a returning student for the upcoming school year (2022-2023)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Junior/High School you attended:	
School Address:	
City:	Province:
	Postal Code:
Grades Completed (Check all that apply): <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>	Graduation Date: (MM/YYYY)
Name of College/University you Attend:	<input type="checkbox"/> N/A
School Address:	
City:	Province:
	Postal Code:
School Year: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6+	Area of Study:

**KNOWLEDGE**

**Do you possess any of the following skills? (Check all that apply)**

- |                                           |                                        |                                           |                                            |
|-------------------------------------------|----------------------------------------|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Filing           | <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Computer Skills   |
| <input type="checkbox"/> Data Entry       | <input type="checkbox"/> Babysitting   | <input type="checkbox"/> Research Skills  | <input type="checkbox"/> Analytical Skills |
| <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Bookkeeping   | <input type="checkbox"/> Manual Labour    | <input type="checkbox"/> Marketing Skills  |

**Do you have any experience with the following? (Check all that apply)**

- |                                                      |                                                     |                                                     |                                         |
|------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Microsoft Office Word       | <input type="checkbox"/> Microsoft Office Access    | <input type="checkbox"/> Adobe Acrobat DC           | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Microsoft Office PowerPoint | <input type="checkbox"/> Microsoft Office Publisher | <input type="checkbox"/> Photoshop                  | <input type="checkbox"/> Visual Basics  |
| <input type="checkbox"/> Microsoft Office Excel      | <input type="checkbox"/> Microsoft Office Outlook   | <input type="checkbox"/> Network/Database knowledge |                                         |

**Computer Languages:**  Python  C  C++  Java  JavaScript  Ruby  SQL  HTML  PHP  CSS

**Operating Systems:**  Windows Vista  Windows XP  Windows 7  Windows 8/10  MacOS  Linux

**INTERESTS**

**Which district of Akwesasne would you prefer to work in?**

- Snye  Saint Regis  Cornwall Island  Hogansburg  No Preference

**Date available to work:** (MM/DD/YYYY)

**Field of study:**

**Certificates/Diplomas:**

**Interests:**

**What type of work would you consider doing this summer? (Check all that apply)**

- Office/Administrative  Carpentry  Labourer  Health Services  Recreational  Research  
 Environmental  Child Care  IT/Computers  Other (please specify): \_\_\_\_\_

**Do you have a resume?**  Yes  No

**Drivers Information:**

**Do you have access to transportation?**  Yes  No

Class:

ID Number:

**Do you have a valid Driver's License?**  Yes  No

Province/State:

Expiration Date: (MM/DD/YYYY)

\*If you would like assistance with interview techniques, preparing a resume, or job hunting, ACCESS has the resources available to assist you. It would be to your advantage to have a resume for the employer to review.

**If you do not have a resume, please complete the following:**

**Employment History (If Any)**

**Name of Employer:**

N/A

**Job Title:**

**Job Duties:**

**Rate of Pay:**

**Start/End Date:** (MM/YYYY) - (MM/YYYY)

**Reason for Leaving:**

**Name of Employer:**

**Job Title:**

**Job Duties:**

**Rate of Pay:**

**Start/End Date:** (MM/YYYY) - (MM/YYYY)

**Reason for Leaving:**

**I hereby declare that the following information is true and complete to my knowledge.  
 I understand that a false statement may disqualify me from employment or cause my dismissal.**

(SIGNATURE)

(PRINT NAME)

(DATE)



## Akwesasne Career & Employment Support Services

PO BOX 965, Cornwall, Ontario  
Phone: 613-575-2626 | Fax: 613-575-2863  
[www.acesjobs.ca](http://www.acesjobs.ca)

### CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

PRIOR TO COLLECTING OR COMPILING ANY PERSONAL INFORMATION, IF YOU ARE SEEKING ASSISTANCE FROM AKWESASNE CAREER & EMPLOYMENT SUPPORT SERVICES (ACCESS) OR RECEIVING ASSISTANCE UNDER ITS PROGRAMS, YOU ARE HEREBY INFORMED OF THE PURPOSE FOR WHICH THIS PERSONAL INFORMATION IS BEING COLLECTED AND COMPILED.

THIS INFORMATION IS FOR USE BY ACCESS AND SERVICE CANADA TO:

- Determine eligibility to receive services from ACCESS
- Assist in verifying eligibility for employment insurance benefits
- Ensure clients who are actively receiving benefits continue to receive them while participating on an ACCESS program
- Assess and evaluate an ACCESS program
- To contact other agencies identified below in order to determine possible cost-sharing partnerships
- To contact individuals to verify information and follow-up

I, \_\_\_\_\_, HEREBY PROVIDE MY CONSENT AS MAY BE REQUIRED BY ACCESS AND SERVICE CANADA TO COLLECT, USE, AND POSSIBLY DISCLOSE FOR THE PURPOSES AS STATED ABOVE, INFORMATION TO THE FOLLOWING AGENCIES:

- Employment and Social Development Canada
- Community Support Program (MCA/SRMT)
- Economic Development (MCA/SRMT)
- Ahkwesasne Mohawk Board of Education / Iohahi:io (MCA) / Any educational training institution that a client of ACCESS is attending.
- Higher Education (SRMT)
- Child & Family Services (ACFS/SRMT)

ACCESS AND SERVICE CANADA SHALL NOT, IN RESPECT OF ANY PERSONAL INFORMATION, USE THE INFORMATION FOR A PURPOSE OTHER THAN THAT FOR WHICH IT WAS PROVIDED OR DISCLOSE THE INFORMATION TO ANY PERSON OR BODY FOR A PURPOSE OTHER THAN THAT FOR WHICH IT IS PROVIDED EXCEPT WITH THE CONSENT OF THE INDIVIDUAL TO WHO THE INFORMATION RELATES OR THE WRITTEN CONSENT OF THE PARTY THAT PROVIDED THE INFORMATION, OR AS REQUIRED BY LAW.

INFORMATION WHICH IS PROVIDED TO ACCESS AND SERVICE CANADA IS PROTECTED UNDER CANADA'S PRIVACY ACT AND YOU HAVE A RIGHT UNDER THE PRIVACY ACT TO OBTAIN ACCESS TO THIS INFORMATION FROM ACCESS AND SERVICE CANADA.

(SIGNATURE)

(DATE)

(SIGNATURE OF WITNESS)

(DATE)

This project is funded by  
the Government of Canada.

Canada

**CONTINUE TO NEXT PAGE**



## Akwesasne Career & Employment Support Services

PO BOX 965, Cornwall, Ontario  
Phone: 613-575-2626 | Fax: 613-575-2863  
[www.acesjobs.ca](http://www.acesjobs.ca)

### Mohawk Council of Akwesasne

#### PART I - Membership Confirmation

Name:	
Date of Birth:	Registry No.:

I have applied to Akwesasne Career & Employment Support Services for funding. ACESS' requires membership confirmation before assistance can be determined. When complete, please fax to the ACESS office at 613-575-2863. Thank you.

**\*\*\* MEMBERSHIP OFFICE USE ONLY \*\*\***

#### PART II - Status of Membership

Member under the Akwesasne Membership Code?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Probationary Member under Akwesasne Membership Code?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expiration Date of Probation:		
Authorizing Signature:		
Date:		

### Mohawk Nation Council of Chiefs

#### PART I - Membership Confirmation

Name:	
Date of Birth:	Tax Exempt No.:

I have applied to Akwesasne Career & Employment Support Services for funding. ACESS' requires membership confirmation before assistance can be determined. When complete, please fax to the ACESS office at 613-575-2863. Thank you.

**\*\*\* MEMBERSHIP OFFICE USE ONLY \*\*\***

#### PART II - Status of Membership

Member under the Mohawk Nation Council of Chiefs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Authorizing Signature:		
Date:		

*\* If you make a photo copy of your status card(s), front and back, you do not need to fill out this section.\**