

Document Checklist

The following documentation is required to process your summer student application and placement.

NAME: _____

GRADE: _____

- Resume and Cover Letter
- Complete Application Package which includes the following:**
 - Application form with SIN
 - Emergency Contact Information
 - PIF (Personal Information Form)
 - Direct Deposit Form

OFFICE USE ONLY

- Signed LOE (Letter of Engagement)
- New Employee Information
- HR Manual Acknowledgement Form
- Confidentiality Agreement
- Fully completed tax form(s) **with SIN**
- Direct Deposit Authorization Form

Criminal Record Check Required?

- YES
- NO
- Form Received from RCMP

Application Complete?

- YES
- NO *List missing documents

- _____
- _____
- _____

NOTE: Please make sure you have your SIN (Social Insurance Number) number and Direct Deposit (Banking) accounts and information set up prior to the first day of training.

Incomplete packages will not be processed.

Completed applications should be submitted to the ETAPS TEAM via email at etaps@shishalh.com

shíshálh Nation Education, Training & Post-Secondary Department



Summer Student Employment Program – Application (2026)

shíshálh Nation

If filling electronically, please save as a file after completing, with your first and last name as the file name.

Applicant Information	
Full Name:	
Date of Birth (dd/mm/yyyy):	Phone:
Email address:	Social Insurance#
Emergency Contact Information	
Name:	Phone:
Relationship to applicant:	

What department and position are you interested in working this summer?		
1 st choice	2 nd choice	3 rd choice
Department:	Department:	Department:
Position:	Position:	Position:
Are you interested in working at a business outside of the shíshálh Nation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, do you have a specific business(s) that you would like to work for? List your choices below in order of preference.		

Previous Summer Student Experience
Have you worked as a Summer Student before? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how many previous years have you worked as a Summer Student?
Which department(s) or outside company(s) have you worked for?

Education	
Have you been attending school in the previous academic year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will you be returning to school in September 2026 <input type="checkbox"/> YES <input type="checkbox"/> NO	
Secondary Students	Post-Secondary Students
What grade are you going in to? <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	What year will you be going into? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Graduate level

Have you attached a resume and cover letter? <input type="checkbox"/> YES <input type="checkbox"/> NO

Updated April 9/2024

shíshááh Nation Education, Training & Post-Secondary (ETAPS) Department



shíshááh Nation

Personal Information Form | Summer Student Employment Program (2026)

Please complete all sections thoroughly. Complete and accurate information is required to determine your eligibility

Section A PERSONAL IDENTIFICATION				
Last Name:		First Name:		Middle Initial:
Preferred name:		Preferred pronouns: <input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> other:		
S.I.N.:		Birth Date (dd/mm/yyyy):		
Gender <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/non-conforming <input type="checkbox"/> Prefer not to answer				
Mailing Address:		City:	Prov:	Postal Code:
Telephone #:		Message #:		Email:
Indigenous status: <input type="checkbox"/> Registered Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Metis				
Band Name:		Band Registry / Status Number:		
Marital Status: <input type="checkbox"/> Married / Common Law <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Do you identify as having a physical or mental disability that affects your ability to perform daily tasks? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how does your disability restrict your performance of daily tasks? Please Explain:				
Have you applied for or are you currently in receipt of Employment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you had an Employment Insurance Claim within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you had a Parental or Maternity leave claim in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is your current source of income? <input type="checkbox"/> Social Assistance <input type="checkbox"/> Student Loans <input type="checkbox"/> Pension <input type="checkbox"/> Part-time Work <input type="checkbox"/> Full-time Work <input type="checkbox"/> Live with parent/guardian <input type="checkbox"/> Other, please explain:				
Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language Spoken? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____		Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: _____

Section B DEPENDENTS			
# of dependents living with you:		<input type="checkbox"/> n/a	
Dependent name	Birthdate (dd/mm/yyyy)	Childcare needed?	% of time dependent lives with you
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicable, what is your current source of childcare?			



shishálh
NATION

Sechelt Indian Band
Attn: Finance Department
PO Box 740
Sechelt, BC V0N 3A0
Phone: 604-885-2273
Fax: 604-885-3490
Email: ap@shishalh.com

Sechelt Indian Band is pleased to announce Electronic Funds Transfer (EFT) as a preferred payment option. The EFT payment method will speed payment delivery by depositing payments directly to your bank account. Authorizing EFT as your payment method will ensure that you will have quicker access to funds paid to you. Although payment via EFT is not a requirement, we strongly encourage EFT as your payment method.

Please fill out the EFT Application form below and return it via mail, email, or fax number indicated on the form. Any questions or concerns please forward them off in writing to ap@shishalh.com

Thank you!

Electronic Funds Transfer Enrollment Form

Name: _____
Mailing Address: _____
Status #: _____
Date of Birth: _____
Phone #: _____

Email address to receive remittance advice (Please ensure that you clearly indicate underscore, hyphen or periods)

_____ @ _____

EFT Banking Information

Note: When enrolling a new account for EFT a VOID cheque or letter from your bank must be attached to this form. You are responsible for notifying the Nation if your banking information changes.

PLEASE ATTACH VOID CHEQUE OR DIRECT DEPOSIT FORM TO ENROLL

Signature _____ Date _____

I authorize the Sechelt Indian Band to begin transferring payments to the bank account information provided above. The personal information collected herein will be used only for the purpose of enrolling in the EFT program and for no other purpose.