



Délne Got'ine Government Summer Worker Application

Applying for (check one)	
Day Care worker <input type="checkbox"/>	Summer Camp Student <input type="checkbox"/>

Applicant Information			
Last Name:		First Name:	
Address – Street/P.O. Box:		Town/City/Territory/Province:	Postal Code:
Phone #:		Email:	
SIN:		DOB (MM/DD/YYYY):	

Employment History - 1	
Employer:	Supervisor Name:
Supervisor Phone #:	Job Title (Applicant):
Start Date:	End Date:
Description of Duties:	
Reason for Leaving:	

Education History	
Highest Education level Received:	School:
Date Received:	Location:

References (do not use family members)	
First Name:	Last Name:
Relation to Applicant:	Phone #:
First Name:	Last Name:
Relation to Applicant:	Phone #:

Please Submit Application To:
 Department of Human Resources
 Délne Got'ine Government
 P.O. Box 156
 Délne, NT X0E 0G0
 Email: hr.assistant@gov.deline.ca
 Ph: (867) 589-8100