



## Gwich'in Human Resource Data Base Application Form

Gwich'in Enrolment Number:			Date Entered:		
First, Middle Name		Last Name		Mailing Address	
Community		Prov.	Postal Code	Contact Number 1	Contact Number 2
				( )	( )
Email Address 1		Email Address 2		NWT Residency # of Years	
Available Date		Transp. Available		Best Contact Time	
		Yes	No		
Work Type Preference 1		Work Type Preference 2		Drivers License Class	Drivers Lic. Number
Education and Training					
High School Education		When		Where	
College/University Education		When		Where	
Other Education		When		Where	
Education		When		Where	
Trade Certification		When		Where	Certification Number
Trade Certification		When		Where	Certification Number
Trade Certification		When		Where	Certification Number
First Aid/CPR	Expiry Date	H2S		Expiry Date	WHIMIS
Yes No		Yes No		Yes No	
TDG	Expiry Date	Air Brakes		Expiry Date	Confined Space
Yes No		Yes No		Yes No	
Resume on File				References on File	
Yes		No		Yes	
				No	
Other Training Information					

**Employment History**

<b>Employment History</b>				
Previous Company	Position	Type of Business	From	To
Supervisor	Supervisors Phone #	Major Duties		
Previous Company	Position	Type of Business	From	To
Supervisor	Supervisors Phone #	Major Duties		
Previous Company	Position	Type of Business	From	To
Supervisor	Supervisors Phone #	Major Duties		
Previous Company	Position	Type of Business	From	To
Supervisor	Supervisors Phone #	Major Duties		
Previous Company	Position	Type of Business	From	To
Supervisor	Supervisors Phone #	Major Duties		

**Equipment Operating Skills**

Are you actively seeking employment.      Yes.      No

What Languages do you speak?

What Languages do you write?

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**Statement**

I \_\_\_\_\_ (print name), agree and understand that the information provided on this application form is for the use of the Gwich'in Tribal Council and the GTC may give out my information at any time for either statistical information, employment opportunities or to be used to identify training needs within the GSA.

I hereby agree and give my consent for the use of this information.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date