

Summer Business Student - 2021

PERSONAL INFORMAT	TON					
LAST NAME	FIRST NAME	INITIA	L			
ADDRESS		POSTAL CODE	CONTACT	CONTACT INFORMATION		
DO YOU HAVE A VALID ONTARIO DRIVER'S LICENCE VES NO	ARE YOU LEGALLY ELIGIBLE TO) WORK IN CANADA	EMAIL: CELL: OTHER:	CELL:		
EDUCATION SUMMARY						
TYPE OF SCHOOL	INSTITUTION & F	TELD OF STUDY		GRADU	IATED - YES / NO	
HIGH SCHOOL	INCITION & I	ILLE OF GLOBI		GRADO	ATED - TEO / NO	
COLLEGE						
UNIVERSITY						
SPECIAL CERTIFICATIONS OR OTHER RELEVANT EDUCATION						
	EMPLOYME	ENT HISTORY				
EMPLOYER NAME	POSITION HELD	START DATE	END DAT	END DATE REASON FO		
		_				
I give the Fort Frances Po	ower Corporation permission to co	ntact my former emp	oloyer(s) regard	ing my p	revious	

employment performance?

□ NO

YES

What date would you be	able to begin work?							
VOLUNTEER EXPERIENCE								
ORGANIZATION	PROJECT	START DATE	END DATE	CONTACT PERSON				
	nt I may be required to provide legal proof of medical examination, if a conditional offer o		criminal background che	eck				
	information contained in this application is a may disqualify me from the selection proces			a				
any information employers, educ	person, educational institution, or organization they may have regarding my qualifications to cational institutions and any other persons go any other reasonable and necessary inform	or employment. I will hold you a viving references, free of liability	and any of my former for providing this					
Checklist:								
☐ A copy of my resume	and covering letter is included with	h my application form.						
Signature		Date						

NOTE: THIS FORM MUST BE COMPLETED FULLY

Return application with resume and covering letter no later than June 24th, 2021 at 4 PM to:

Fort Frances Power Corporation Attention: Personnel Selection Committee 320B Portage Avenue, Fort Frances, ON P9A 3P9 ffpc@fortfrances.ca or fax to (807) 274-9375