Application Form

Inuit Learning and Development Pilot Project

1)	Full Name	
	Surname	
	Given Names	
2)	Registered Nunavut Land Claim Agreement Beneficiary Yes	No
3)	CONTACT INFORMATION- it is important to provide us with up to date a contact information, if we cannot contact you we will not be able to follo application.	
	Email Address:	_
	Home Phone:	-
	Cell Phone:	
	Street Address	
	House	
	City/Community	
	Postal Code	







4)	Please check [🗸]	what departme	nts you are interest	ed in:	
	Parks Canada	Justice	CanNor	AANDO	<u> </u>
	Environment	RCMP	Dept. Fisheries	Ocean	Natural Resources
	Canada	_ Public Prosecut	tions Services Canad	la	HRSDC/Service
	Canada	Public Works	and Government Se	ervices	
5)	Please check [✓] what position you are interested in:				
	Clerks Finar	nce Officers	Environmental te	echnician's	Economic
	Development	Policy	Human Resourc	esInfo	ormation
	Technology	Office Adminis	stration C	orrections	
6)	gain more knowle	edge and unders	•		s would you like to ts in this program?
	2nd Choice:			_	
	3rd Choice:			-	
7)	Are you currently	v employed? Yes	s No		
	If yes, are you em	ployed at:			
	Government of Ca	nada: Yes	No		
	NTI:	Yes	No		
	Covernment of Nu	ınavut [.] Yes	No		







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Education

Last Grade Completed		
High School:		
School name:		
School address:		
Postal code:		
Number of years completed:		
Did you graduate? [] Y or [] N		
Diploma earned:		
College / University: School name:		
School address:		
School address: Postal code:		
Postal code:		
Postal code: Number of years completed:		
Postal code: Number of years completed: Did you graduate? [] Y or [] N		



Attached_____

8)





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Language Abilities

Please tell us a bit about your language skills. Are you comfortable communicating in:				
Inuktitut				
English				
Other Languages				
10) Please indicate which language yo	u prefer to have:			
Correspondence	Interviews	Written exams in:		
English	English	English		
French	French	French		
Inuktitut	Inuktitut	Inuktitut		
<u> 4</u>	Additional Information			
11) How did you hear about ILDP?				
Radio	Newspaper			
Website	Word of Mouth			
School	_ Other			
12) Eligibility to work:				
13) Do you have a valid Social Ins	surance Number:			
14) Will you be eligible to obtain a	Reliability Security Clearance	ce:		







We want to hear more about you, please tell us about your objectives towards the Inuit Learning and Development Pilot Project- Please write a brief statement of your objectives

5) General goals of participating in ILDP		
6) Your Expectations of the program		
DECLARATION: All this information that I have given in this application is true and complete:		
Signature		

The Public Service of Canada is committed to developing inclusive barrier-free selection processes and work environments. If contacted regarding this application, please advise of any accommodation measures which must be taken to enable you to participate in the selection process in a fair and equitable manner. For more information on the Treasury Board Policy on the Duty to Accommodate Persons with Disabilities in the Federal Public Service at: http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=12541§ion=text







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