



GITXAALA NATION TRUSTEE APPLICATION

PERSONAL INFORMATION

Last Name	First Name	Middle Name(s)	
Mailing Address:	City	Province	Postal Code
Home Phone:	Email:		
If selected for employment, are you willing to submit a pre-employment screening test, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION:

School Name	Address	Years Attended	Year Graduated	Diploma/Certificate/ Degree

List any degrees, diplomas, certificates or training you have that is relevant to the position applying for:

EMPLOYMENT

EMPLOYER	POSITION	DATES	PHONE NUMBER

REFERENCES

NAME	TITLE	COMPANY	PHONE

CONFIRMATION OF INFORMATION, CONSENT & AUTHORIZATION

By executing this Application Form I make oath and swear that the information I have provided is true and correct.
I make oath and swear that:

A. I have been on the Member List since _____ (more than 10 consecutive years as of the date of appointment).
 B. I am 19 years of age or over.
 C. I have not been declared by a court to be mentally incompetent.
 D. I have not been convicted of an offence involving dishonest conduct or an indicatable offense under any law of Canada or any province of Canada
 E. I have not been a been bankrupt.
 F. I am not a trustee, receiver or a receiver-manger must not have been or be appointed to take possession or assignment of any of the person's assets.
 G. I have not have made or make a proposal for the benefit of creditors.
 H. I am a resident of Canada pursuant to the Income Tax Act and
 I. I am not in arrears for any amount owed to the Gitxaala Nation.

Acknowledgement and Authorization

_____ I certify that all answers given herein are true and complete to the best of my knowledge
 _____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 _____ In the event of employment, I understand that false or misleading informaiton given in my application or interview(s)

Signature of Applicant _____	Date _____
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