



Okanagan Indian Band

11505 Westside Road • Vernon, BC, • V1H 2A9

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TRAINING APPLICATION

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
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Street Address:	City:	Province:	Postal Code:
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Main Phone Number:	Other Phone Number:	Email:
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RECORD OF PREVIOUS EMPLOYMENT

Present or last employer	Your Title or Position	Employed from: mm-yy to mm-yy

EDUCATION

	School Name	Years Attended	Certificate/Diploma/ Degree	Course of Study/Major
High School				
College/ University				
Graduate or Professional				
Trade				
Other				

If selected for training are you willing to consent to a federal criminal record check? Yes No

If selected for training are you willing to submit to a five-panel drug screen test? Yes No

Do you have a valid BC Driver's license? Yes No

Do you have a valid passport? Yes No

I certify that the information contained in this application is true and complete.

Signature

Date of application