## 2019 Tłįchǫ Įmbè Participant Application



| Which communities  |                     | Behchokò | Whatì             | Gamètì                                | W      | ekweètì               | Are you a Tłıçhǫ Citizen? |  |
|--|---------------------|----------|-------------------|---------------------------------------|--------|-----------------------|---------------------------|--|
| are you applying for?  |                     |          |                   |                                       |        |                       | Yes or No                 |  |
| Applicant Information  |                     |          |                   |                                       |        |                       |                           |  |
| Name:  | First Name          |          | Last Name         |                                       |        | SIN                   |                           |  |
| Name:  |                     |          |                   |                                       |        |                       |                           |  |
|  | 11                  | DO Day # |                   | · · · · · · · · · · · · · · · · · · · |        | Dues /Term            | Destal Carls              |  |
| Adducco  | House #             | PO Box # | Ĺ                 | Community                             |        | Prov/Terr             | Postal Code               |  |
| Address:   |                     |          |                   |                                       |        |                       |                           |  |
| Contact Home Phone   |                     |          | Mobile Phone      |                                       |        | Email                 |                           |  |
|  |                     |          | WOBIE FIONE       |                                       |        | Lindi                 |                           |  |
| Info:  |                     |          |                   |                                       |        |                       |                           |  |
| Previous Employment (Fill in previous employment or attach resume)   |                     |          |                   |                                       |        |                       |                           |  |
|  | npany:              |          | Job Title:        |                                       |        | Dates of Employment:  |                           |  |
| 1)   |                     |          | 305 Hele.         |                                       |        |                       |                           |  |
| Job Description:   |                     |          |                   |                                       |        |                       |                           |  |
|  | npany:              |          | Job Title:        |                                       |        | Dates of Employment:  |                           |  |
|  |                     |          |                   |                                       |        |                       | Employment.               |  |
| 2)<br>Job Description:   |                     |          |                   |                                       |        |                       |                           |  |
|  | Company: Job Title: |          |                   |                                       |        | Dates of Employment:  |                           |  |
|  |                     |          |                   |                                       |        |                       | Employment.               |  |
| <b>3)</b>  | Description:        |          |                   |                                       |        |                       |                           |  |
| Job Description:<br>Education  |                     |          |                   |                                       |        |                       |                           |  |
| High School Grade Completed Month/Year of Completion   |                     |          |                   |                                       |        |                       |                           |  |
|  |                     |          |                   |                                       |        |                       | ar or completion          |  |
|  |                     |          |                   |                                       |        |                       |                           |  |
| College  |                     | Yea      | Year(s) Completed |                                       |        | Program/Degree        |                           |  |
|  |                     |          |                   |                                       |        |                       |                           |  |
| If you have plans for post-secondary, which college(s) are you attending or applied to?  |                     |          |                   |                                       |        |                       |                           |  |
|  |                     |          |                   |                                       |        |                       |                           |  |
|  |                     |          |                   |                                       |        |                       |                           |  |
| Skills (Certifications, licenses, achievements, abilities, etc.)(Ex: Hard worker? Have your First Aid? Drivers? Etc.)  |                     |          |                   |                                       |        |                       |                           |  |
|  |                     |          |                   |                                       |        |                       |                           |  |
|  |                     |          |                   |                                       |        |                       |                           |  |
| - (  |                     |          |                   |                                       |        |                       |                           |  |
| Reference  |                     |          |                   |                                       |        | Commenced             |                           |  |
| Nar  | ne:                 |          |                   |                                       | :      | Company/<br>Position: |                           |  |
| 1)   | Phone:              |          |                   |                                       |        |                       |                           |  |
|  |                     |          |                   |                                       |        | Email:                |                           |  |
|  | Name:               |          |                   |                                       |        | Company/<br>Position: |                           |  |
| 2)<br>Phone:   |                     |          |                   |                                       |        |                       |                           |  |
|  |                     |          |                   |                                       | Email: |                       |                           |  |
| Data Information (This information is strictly for evaluating and gathering statistics for the Tłicho Imbè program. It does  |                     |          |                   |                                       |        |                       |                           |  |
| not affect your application).  |                     |          |                   |                                       |        |                       |                           |  |
| Have you applied to the Imbe program before?YesorNoWhat is your gender identity? MaleorFemale  |                     |          |                   |                                       |        |                       |                           |  |
| Submit your application by: EMAIL: <b>Behchokò</b> CDO; Phoebe Wetrade <u>phoebewetrade@tlicho.com</u> , <b>Gamètì</b> CDO; Tianna<br>Takazo: jennymantla@tlicho.com, <b>Wekweètì</b> CDO; Pamela Lamouelle: pamelalamouelle@tlicho.com, <b>Whatì</b> CDO; |                     |          |                   |                                       |        |                       |                           |  |
|  |                     |          |                   |                                       |        |                       |                           |  |
| Marlene Wedawin: <u>marlenewedawin@tlicho.com</u> , or drop it off in person to the CDO at the Tłıçhǫ Government   |                     |          |                   |                                       |        |                       |                           |  |
| Offices in your community.   |                     |          |                   |                                       |        |                       |                           |  |