



SUMMER STUDENT RELIEF PROGRAM

PO Box 1590, The Pas, MB R9A 1L4

Email: careers@ckpi.com

Phone (204)623-8659 / Fax (204)623-4560

PART A: CRITERIA

- Students must have completed one year as a full time post-secondary student in the year immediately preceding the summer employment, (exceptions for students enrolled in Power Engineering in a post-secondary school. Students will be required to submit proof of enrollment.
- Verification of full time studies must be provided to the company in the form of transcripts certification of enrollment from the post-secondary institution registrar's office.**
- Job placement will be limited up to a maximum of four (4) years per student depending upon the length of the academic program. ie. 4 year program, maximum 3 years – 5 years + program, maximum 4 years.
- Students must have the basic qualifications required for the available positions.
- Students must be able to perform the duties of the job and will be required to complete job requirement assessments.
- Unable to perform the job requirements may lead to removal of the student from the program.
- Students are hired for relief purposes, therefore, there is no guarantee of full time hours.
- Application must include a current resume.

PART B: STUDENT INFORMATION

Name:	
Address:	
Telephone number:	Cell:
Email:	
High School Graduation Date:	
Post-Secondary Program Attending:	
Location of Program / Name of Institution:	
Length of Program:	
No. of years attended:	
Status (year level) in program:	Years Remaining:
Available Start Date:	Expected Finish Date:
Type of work you are applying for:	
Were you referred by a CKP Employee? If so please state who:	
Are you over the age of 18?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed by this company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you legally entitled to work in Canada?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you possess a valid Motor Vehicles Operator's License	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any disability or health problem which would affect your ability to perform the duties of the job you are applying for?	<input type="checkbox"/> YES <input type="checkbox"/> NO



SUMMER STUDENT RELIEF PROGRAM

PART C: Employment History

Please provide information on your past employment starting with your most recent position	
Company:	Position:
Supervisor/Manager	Telephone Number:
Start Date:	End Date:
Job Duties:	Reason for Leaving:
Company:	Position:
Supervisor/Manager	Telephone Number:
Start Date:	End Date:
Job Duties:	Reason for Leaving:
Company:	Position:
Supervisor/Manager	Telephone Number:
Start Date:	End Date:
Job Duties:	Reason for Leaving:

References

Please Provide the names of three references (excluding relatives) whom we may contact about your job performance. Please include at least two former supervisors.	
Name:	Title/Occupation:
Company:	Telephone Number:
Name:	Title/Occupation:
Company:	Telephone Number:
Name:	Title/Occupation:
Company:	Telephone Number:



SUMMER STUDENT RELIEF PROGRAM

PART D: JOB REQUIREMENTS FOR SUMMER STUDENTS

The purpose of this document is to provide information in assessing an Applicant's ability to perform the duties of the above-noted position.

As a summer student your position may involve the following: (Please indicate by checking yes or no)

Are you able to work the following shifts?

Comments

Work 12 hour shifts, rotating days and nights and working 4 days on, 4 days off YES NO

Work 10 hour shifts, Monday to Thursday YES NO

Work 8 hour shifts, Monday to Friday YES NO

Are you able to carry?

1% - 25% of the time up to 50 pounds/25 kg YES NO

1% - 25% of the time up to 20 pounds/10 kg YES NO

1% - 25% of the time up to 10 pounds/5 kg YES NO

Are you able to maintain the following activities before changing position or activity?

0 – 30 minutes sitting at one time YES NO

30 – 60 minutes standing at one time YES NO

0 – 30 minutes driving at one time YES NO

Are you able to spend?

25% – 50% of the time walking YES NO

1% – 25% of the time climbing YES NO

25% – 50% of the time daytime driving YES NO

50% – 75% of the time nighttime driving YES NO

1% – 25% of time reaching above shoulder height YES NO

1% – 25% of the time reaching at shoulder height YES NO

25% – 50% of time reaching below shoulder height YES NO

1% – 25% of the time bending or crouching YES NO

1% – 25% of the time kneeling or crawling YES NO

Do you have experience operating a:

Forklift YES NO

Other heavy duty equipment YES NO

Are you willing to learn? YES NO

Are you able to work in the following conditions **with the appropriate safety training and personal protective equipment:**

Outdoors YES NO

In extreme cold or heat YES NO

In damp or humid environment YES NO

In a noisy environment YES NO

In a dusty or unventilated environment YES NO

Around toxic fumes YES NO



SUMMER STUDENT RELIEF PROGRAM

Do you have a:

- Fear of heights YES NO
- Fear of open floor grating YES NO
- Fear of small spaces YES NO

Are you able to handle the following materials **with the appropriate safety training and personal protective equipment:**

- Diesel fuel, Motor oil, Hydraulic oil, Acid,
Caustic materials, Gas, Cleaning product, Salts, etc. YES NO

Additional Comments:

APPLICANT SIGNATURE:	DATE:
----------------------	-------