



Internship Program

Application Form for Departments and Agencies

1. Position Information	
Department:	Division/Region:
Position #:	Community(s):
Intern Position Title:	
Direct Supervisor: <i>(Name, Title, Position #)</i>	
Please select the desired length of the Internship: 1 Year 2 Years	
Is there currently an occupational shortage for this position? <div style="display: flex; justify-content: space-around;"> Yes No </div>	Current areas of occupational shortage include: <ul style="list-style-type: none"> <li style="width: 25%;">• Science <li style="width: 25%;">• Mathematics (finance) <li style="width: 25%;">• Engineering <li style="width: 25%;">• Technology <li style="width: 25%;">• Information and Communications Technology
2. Intern Planning	
Is the goal of this internship to support your department's target under the Indigenous Employment Plan? Yes No If you selected 'No', please provide additional information as to why:	
Please confirm if the Department of Finance can proceed with advertising the position if this internship does not receive funding through the Internship Program: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Yes, please proceed with advertising, even if the internship does not receive funding through the Internship Program </div> <div style="width: 45%;"> No, please do not proceed with advertising if this internship does not receive funding through the Internship Program </div> </div>	
3. Required Documents	
Please submit the following documents with each intern application:	
Existing Job Description Existing Job Description has been reviewed to ensure it is up to date	OR New or Revised Job Description(s): Include a completed Job Evaluation Request Form , draft Job Description, and current organizational chart.
Please contact your HR Representative for consultation on your Internship Application	
For internal use only	
Application status: Accepted; all required documents received Rejected; required documents missing Rejected; application form incomplete	Comments:

By submitting this application form, I acknowledge that any incomplete application will not be considered by the Department of Finance unless completed before the closing date communicated on the [My HR - How do I hire an intern?](#) page.

Internship Supervisor: _____

Date: _____

Deputy Head: _____

Date: _____