



# Co-operative Education Network Job Confirmation Form

## STUDENT DETAILS

NAME	STUDENT ID	EMAIL
DEGREE/ASSOCIATE DIPLOMA PROGRAM (BSCH, DAG, etc.)	SPECIALIZATION (Ecology, etc.)	WORK SEMESTER (i.e. S22)

## HIRING CONTACT DETAILS

ORGANIZATION NAME		STREET ADDRESS	
UNIT/SUITE	CITY	POSTAL CODE	EMAIL
HIRING CONTACT NAME		HIRING CONTACT JOB TITLE	
PHONE	ORGANIZATION'S WEBSITE		

Is Workplace Safety Insurance Board (WSIB) or equivalent insurance coverage provided for the company's employees? If no, ask your employer supervisor for more details if they do not provide insurance coverage. Students are encouraged to review their student health insurance or family extended health insurance to determine if their coverage is adequate. For work terms outside of Canada, Guard Me insurance is required, and local regulations may require additional insurances which can be purchased by the student at their own expense.

YES

NO

## JOB DETAILS

<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter	<input type="checkbox"/> 4 months... <input type="checkbox"/> 8 months... <input type="checkbox"/> 12 months	<input type="checkbox"/> In-Person <input type="checkbox"/> Remote <input type="checkbox"/> Hybrid	
WORK TERM SEMESTER	DURATION OF WORK TERM		
START DATE (DD/MM/YYYY)	END DATE (DD/MM/YYYY)	HOURLY RATE	HOURS PER WEEK
CO-OP JOB TITLE		POSITION LOCATION (ONLY ENTER ONE CITY)	

UNIQUE JOB REQUIREMENTS (i.e. Travel, Shift Work, Car Required, License, NSERC, etc.)

☐ **JOB DESCRIPTION attached in MS Word for approval (required)**

STUDENT'S SIGNATURE

EMPLOYER'S SIGNATURE