



Co-operative Education Network Job Confirmation Form

STUDENT DETAILS

NAME	STUDENT ID	EMAIL
DEGREE PROGRAM (BSCH, BASC, etc.)	SPECIALIZATION (Ecology, etc.)	WORK SEMESTER (i.e. S20)

HIRING CONTACT DETAILS

ORGANIZATION NAME		STREET ADDRESS	
UNIT/SUITE	CITY	POSTAL CODE	EMAIL
HIRING CONTACT NAME		HIRING CONTACT JOB TITLE	
PHONE	FAX (if applicable)	ORGANIZATION'S WEBSITE	
Is Workplace Safety Insurance Board (WSIB) or equivalent insurance coverage provided for the company's employees?		YES YES	NO 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
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 LOCATION)			
UNIQUE JOB REQUIREMENTS (i.e. Travel, Shift Work, Car Required, License, NSERC, etc.)					

*** A MS Word copy of the job description must be attached to this form for job approval.**

STUDENT'S SIGNATURE

EMPLOYER'S SIGNATURE

CO-OP ADMIN ONLY		
ORGANIZATION TYPE: _____	NAICS CODE: _____	NOC CODE: _____
CO-OP COORDINATOR APPROVAL: _____	DATE: _____	