

SELF-DEVELOPED JOB FORM

Student Name

Student #

EMPLOYER INFORMATION

Company Name

Company Address

City

Province

Postal Code

Website

Job Title

YOUR SUPERVISOR'S INFORMATION

Name

Title

Email

Phone

JOB INFORMATION

Work Term

Fall

Winter

Summer

Job Title

Location

Total Hours

Start Date

End Date

Salary

Hourly

Monthly

Job Description

Required Qualifications

How you found this job

Additional Information

You must submit a letter of offer from your employer to the Co-op Office.