



## Co-operative Education Network Job Confirmation Form

### STUDENT DETAILS

Student Name:		Student ID:	
Student Email:			

### HIRING CONTACT & EMPLOYER DETAILS

Company Name:			
Street Address:		Unit/Suite:	
City:		Postal Code:	
Job Location <i>(if different than Address)</i> :			
Hiring Contact Name:			
Title:			
Email Address:			
Phone:		Fax:	
Company Website:			

Is Workplace Safety Insurance Board (WSIB) or equivalent insurance coverage provided for the company's employees?	Yes	No
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### JOB DETAILS

\* A Microsoft Word version of the job description is required to be attached along with this form for the job to be approved.

Work Term:	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter	Duration:	<input type="checkbox"/> 4 months <input type="checkbox"/> 8 months <input type="checkbox"/> 12 months	Start Date:	
				End Date:	

Co-op Job Title:			
Position Location:			
Hourly Rate of Pay:		Hours Per Week:	
Unique Job Requirements (travel, shift work, car required, license, NSERC, etc.):			

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-op Co-ordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_