



SUMMER STUDENT

Employment Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Preferred Location: _____ SIN.: _____ AHC # _____

School you attended: _____

Are you enrolled full time? YES NO If no, are you post-secondary student? YES NO

Have you completed this academic year? YES NO Do you have a copy of your transcript? _____

Do you have a copy of your report card? YES NO

What do you hope to learn in this program? _____

Emergency Contact

Please list two Emergency Contacts.

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

