



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