

WORK PLACEMENT JOB DESCRIPTION FORM

PROGRAM for RECRUITMENT:			
EMPLOYER:			
MAILING ADDRESS: (Indicate address if placement occurs elsewhere)			
CITY & PROVINCE:		POSTAL CODE:	
CONTACT PERSON:		TITLE:	
PHONE:		FAX:	
EMAIL:			
STUDENT'S SUPERVISOR:		TITLE:	
SUPERVISOR'S EMAIL:		PHONE:	
START DATE:		END DATE:	
DAYS/HOURS OF WORK:			
JOB TITLE:			
JOB DESCRIPTION: (Key duties and responsibilities)			
MONETARY STATUS of PLACEMENT POSITION	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
QUALIFICATIONS AND/OR CERTIFICATIONS:			
STUDENT DOCUMENTS REQUIRED:	<input type="checkbox"/> Résumé <input type="checkbox"/> Cover Letter <input type="checkbox"/> Transcript <input type="checkbox"/> Other		
RETURN FORM TO STUDENT CAREER SERVICES:	Tel. 1-807-475-6422	Email: work-placements@confederationcollege.ca	