

EMPLOYMENT CONTRACT

NOTE: Foreign students can only work at the school where authorization to study was given by Citizenship and Immigration Canada

* Shaded areas are mandatory fields

<i>TO BE COMPLETED BY THE STUDENT</i>				
FOREIGN STUDENT PERSONAL INFORMATION				
Title Ms. Mrs. Mr.	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (D/M/Y)		
Surname		Given Name		
Apt #	Street Address	City	Province/Territory	Postal Code
Study Permit Document Number F _____		Date Signed _____ (D/M/Y)		Valid Until Date _____ (D/M/Y)
<i>TO BE COMPLETED BY THE EMPLOYER</i>				
ON-CAMPUS DEPARTMENT OR ON-CAMPUS BUSINESS HIRING THE STUDENT				
Name of on-campus Department or Name of Business Hiring the Student		Employer's Name (Please print) _____		
Civic address where the work will be performed		Employer's Signature _____		
Employer's Telephone ()		Employer's Fax ()		
Employee's Position Title		Employee's Start Date _____ (D/M/Y)	Employee's End Date _____ (D/M/Y)	
I have accepted this job offer.				
_____			_____	
Signature of Foreign Student			Date (D/M/Y)	