



Co-operative Education Work Term Job Description

Employer: _____

Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Number of Positions: _____ Remuneration: \$ _____

Position Title: _____

Dates of Placement: FROM: _____ TO: _____

Working Hours: _____ (a.m. / p.m.) TO: _____ (a.m. / p.m.)

Work Term Description:

Students: To apply for this position you must be enrolled in the Co-op program and eligible to complete the work term. Please submit your resume and cover letter to the Co-op Office **no later than** _____.

OFFICE USE ONLY:

Job No. _____ Date: _____