

EMPLOYMENT CONTRACT

TO BE COMPLETED BY THE STUDENT			
FOREIGN STUDENT INFORMATION			
Date of Birth (D/M/Y)			
Surname:		Given Name:	
Apt #	Street Address	City	Province/Territory Postal Code
Study Permit Document Number	Date Signed	Valid Until	
_____	_____ (D/M/Y)	_____ (D/M/Y)	
TO BE COMPLETED BY THE EMPLOYER			
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	
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	Employee's End Date	
	06/05/2019 _____ (D/M/Y)	09/08/2019 _____ (D/M/Y)	
I have accepted this Job Offer.			
Signature of Foreign Student		Date (D/M/Y)	