

EMPLOYMENT CONTRACT

TO BE COMPLETED BY THE STUDENT			
FOREIGN STUDENT INFORMATION			
Title Ms. Mrs. Mr.	Gender Male () Female ()	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
		05/09/2017	23/02/2018
		(D/M/Y)	(D/M/Y)
I have accepted this Job Offer.			
_____		_____	
Signature of Foreign Student		Date (D/M/Y)	