



## STUDENT WORK PROGRAM APPLICATION FORM

Ce formulaire est disponible en français à [www.parl.gc.ca/oec-bce](http://www.parl.gc.ca/oec-bce)

Applicant #: \_\_\_\_\_  
(For office use only)

Full-time summer position

Part-time during school

Internship

Co-op

Student's area of interest (if applicable): \_\_\_\_\_

### PLEASE TYPE OR PRINT CLEARLY

Mr.       Miss       Ms.

Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Please send this form **by email** to the following Email address:  
[ocres@parl.gc.ca](mailto:ocres@parl.gc.ca)

You could also download, fill out the Application Form and send it to us **by mail**:

Student Work Program Application Form  
Human Resources  
Office of the Ethics Commissioner  
66 Slater Street, 22<sup>nd</sup> Floor  
Ottawa, Ontario K1A 0A6

Or **by fax**: 995-7308

## LANGUAGES

What is your first official language:

English

French

English:

- Reading Comprehension
- Written expression
- Oral interaction

French:

- Reading Comprehension
- Written expression
- Oral interaction

In which language do you prefer to receive your correspondence?

English  French

In which official language(s) do you consider you have a working ability?

English  French  Both (English and French)

## EDUCATION – *You may be required to present a proof of education*

1. Are you a full-time post-secondary student? Yes  No

If yes, at which establishment? \_\_\_\_\_

Level of this academic year \_\_\_\_\_

Major (or specialisation) \_\_\_\_\_

Are you returning to school full-time in September 2006? Yes  No

2. Are you a Canadian Citizen? Yes  No

3. Address to which correspondence regarding this application should be sent:

Street and number \_\_\_\_\_

City and province \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Alternate telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

4. Permanent address (if different from above):

Street and number \_\_\_\_\_

City and province \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Alternate telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**5.** Employment History - *You do not need to complete this section if you attach a résumé containing the information requested.*

<b>Employer's Name</b>	<b>Type of work</b>	<b>Description of duties</b>	<b>From</b> (mm/dd/yy)	<b>To</b> (mm/dd/yy)

**6.** List any skills, abilities or experience you possess, which could be relevant to employment. - *Please include volunteer work, computer knowledge, awards, club memberships, etc.*

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**7.** Have you previously worked in the Office of the Ethics Commissioner?

Yes  No

### **8. DECLARATION**

I attest that the information given is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You may also attach a curriculum vitae, if available. We will consider applicants based on the qualifications presented. We thank all who apply, but will only contact those being considered further for a position at the Office of the Ethics Commissioner.**