OF NEW BRUNSWICK

STUDENT APPLICATION PAGE PROGRAM

The following sections are to be completed by the student and forwarded to the undersigned. Letters of reference, while acceptable, are not mandatory.

Mrs. Loredana Catalli Sonier
Clerk of the Legislative Assembly of New Brunswick
P.O. Box 6000
Fredericton, New Brunswick
E3B 5H1

PERSONAL INFORMATION

1.	Family Name		
	First Name		
2.	Address (while attending university)		
	Street	Apt	
	City	Postal Code	
3.	Telephone Number		

Day MonthYear	4.	Permanent or Home Address					
Postal Code Telephone Number Are you less than 19 years of age? Yes No If you are presently less than 19 years of age, please fill in your date of birth Day MonthYear Are you eligible to work in Canada? Yes No Do you belong to any organizations? Specify		Street		Apt			
S. Telephone Number No No No No No If you are presently less than 19 years of age, please fill in your date of birth Day Month Year Year No No No No you belong to any organizations? Specify		Town or City	Province				
S. Are you less than 19 years of age? Yes No If you are presently less than 19 years of age, please fill in your date of birth Day MonthYear 7. Are you eligible to work in Canada? Yes No B. Do you belong to any organizations? Specify		Postal Code					
If you are presently less than 19 years of age, please fill in your date of birth Day MonthYear 7. Are you eligible to work in Canada? Yes No B. Do you belong to any organizations? Specify	5.	Telephone Number					
Day MonthYear	6.	Are you less than 19 years of age?	Yes_	No			
7. Are you eligible to work in Canada? Yes No 8. Do you belong to any organizations? Specify		If you are presently less than 19 years of age, please fill in your date of birth:					
8. Do you belong to any organizations? Specify		Day Moi	nth	Year			
	7.	Are you eligible to work in Canada?	Yes_	No			
	3.	Do you belong to any organizations?	Specify				
	9.						

10.	What are your hobbies?
EDU	JCATION
11.	Name of High School
	Location
12.	Name of University
	Location
13.	Number of years completed
14.	What program are you presently enrolled in?
15.	What is your grade point average?
16.	Which subject interest you most?
17.	Do you belong to student organizations? Specify.

18.	Have you won any awards or scholarships? Specify.
- N 4 F	
⊏IVIF	PLOYMENT HISTORY
19.	Describe part-time or summer employment you may have had.
20.	Of the two Official Languages, which one do you use better?
	English French Both Equally

21.	Indicate your Second Language Competence by checking which best reflects your ability:				
	1	NIL	LIMITED	FUNCTIONAL	VERY GOOD
	Read				
	Write				
	Speak_				
ОТН	ER INF	ORMATIO	N		
22.	Describ	ne in 100 wor	ds or less how your	working as a Page would I	ne of henefit to you
 .				enefit to the Legislative Ass	
					

23. Please complete attached timetable.	
DECLARATION	
I certify that the statements made by m best of my knowledge. I am aware that misrep of my application or dismissal from employme	ne in this application are true and complete to the presentation or falsification may result in rejection ent.
DATE	20
SIGNATURE	

PAGE PROGRAM

NAME:		
TELEPHONE NUMBER:	 	

STUDENT TIMETABLE FIRST SEMESTER

CLASS	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30 a.m.				
9:30 a.m.				
10:30 a.m.				
11:30 a.m.				
12:30 p.m.				
1:30 p.m.				
2:30 p.m.				
3:30 p.m.				
4:30 p.m.				
5:30 p.m.				

PAGE PROGRAM

NAME:	
TELEBLIONE NUMBER	
TELEPHONE NUMBER	< :

STUDENT TIMETABLE SECOND SEMESTER

CLASS	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30 a.m.				
9:30 a.m.				
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12:30 p.m.				
1:30 p.m.				
2:30 p.m.				
3:30 p.m.				
4:30 p.m.				
5:30 p.m.				