

**Prince Edward Island / Québec
Summer Employment Exchange Program for University Students
APPLICATION FORM**

PERSONAL INFORMATION

Last Name	First Name	Date of birth <small>Year Month Day</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Permanent Address		Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Other <input type="checkbox"/> Permanent Resident			
Community	Province			Postal code	Telephone ()
Temporary Address					
Community	Province	Postal Code	Telephone ()	Social Insurance Number	

CURRENT STUDIES

Name of Institution Attended: _____

Address: _____

Year ① ② ③ ④	Level <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
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Specialty: _____

Will you be returning to school full-time in the fall? Yes No

Other University Studies: _____

Year ① ② ③ ④	Level <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
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Specialty: _____

ADDITIONAL INFORMATION

First language (first language learned and still understood): French English Other: _____

Languages spoken: French English Other: _____

Languages written: French English Other: _____

Have you ever travelled or studied in another province or country? If yes, please include details in your resume.
 Yes No

Do you have a driver's licence? Yes No Specify class: _____

Do you have a vehicle available to you for the summer? Yes No

Computer skills (please specify): _____

Can you type? Yes No Words/minute: _____

Are you certified in the following:
 First Aid Water Safety CPR Other: _____

SIGNATURE

I have read the terms and conditions of the program and certify that the information given is complete and correct. I authorize the Acadian and Francophone Affairs Division to verify the above information and to obtain or release confidential information on employment insurance eligibility to be used only for the purpose of providing employment opportunities.

Student's Signature _____ Date _____

Please return this form duly completed along with your resume before **February 15, 2006** to:
Acadian and Francophone Affairs, PEI/Québec University Exchange,
P.O. Box 58, Wellington, PE, C0B 2E0.