EMPLOYMENT CONTRACT

* Shaded areas are mandatory fields

TO BE COMPLETED BY THE STUDENT **FOREIGN STUDENT PERSONAL 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 **F**_____		**Date Signed** _____ **(D/M/Y)**		**Valid Until Date** _____ **(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** _____ **(D/M/Y)**	**Employee's End Date** _____ **(D/M/Y)**

I have accepted this job offer.

_____ _____

Signature of Foreign Student Date **(D/M/Y)**