

ON-CAMPUS EMPLOYMENT CONFIRMATION FOR INTERNATIONAL STUDENTS

APPLICANT PERSONAL INFORMATION		
TITLE Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>	GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH (D/M/Y)
SURNAME	GIVEN NAME(s)	
APT #	STREET ADDRESS	
CITY	PROVINCE / TERRITORY	POSTAL CODE
UW STUDENT ID #	E-MAIL ADDRESS	
STUDY PERMIT DOCUMENT # F	DATE PERMIT SIGNED (D/M/Y)	DATE PERMIT VALID UNTIL (D/M/Y)

ON-CAMPUS HIRING DEPARTMENT ELECTRICAL & COMPUTER ENGINEERING		
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	
SUPERVISOR'S PHONE # (519) 888-4567 ext: _____	SUPERVISOR'S FAX # (519) 746-3077	
SUPERVISOR'S SIGNATURE		
BUSINESS ADDRESS	200 UNIVERSITY AVENUE WEST WATERLOO, ONTARIO N2L 3G1	
EMPLOYEE'S POSITION / TITLE	EMPLOYEE'S START DATE (D/M/Y)	EMPLOYEE'S END DATE (D/M/Y)
EMPLOYEE'S DECLARATION I declare that all the information is true, correct and complete. I have agreed to accept this job offer and the terms and conditions that apply.		
SIGNATURE OF EMPLOYEE / FOREIGN STUDENT		DATE (D/M/Y)