

Summer Student Information Form

NAME:

D.O.B.:

S.I.N.:

ADDRESS:

PH. NUMBER:

EMAIL:

**Please indicate yes or no*

EDUCATIONAL LEVEL:

SECONDARY :

GRADE:

POST-SECONDARY:

YEAR:

DRIVER'S LICENCE:

CLASS:

ACCESS TO VEHICLE:

CURRENT FIRST AID:

EXPIRY DATE:

CURRENT WHMIS:

EXPIRY DATE:

Employment Interests

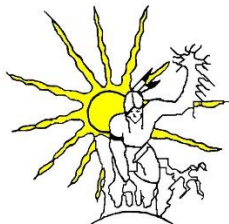
1.

2.

3.

Please submit this form along with your resume, cover letter, transcripts/grades, consent to release information form, and verification of returning to school (post-secondary applicants).

(All forms can be found at www.picriver.com under Economic Development.)



Leanne Quisess, Summer Student Supervisor
Email: ss.supervisor@picriver.com