Job Confirmation Form

Complete this form for a co-op job you have secured outside of the Co-op Job Board through your own job search activities. Students complete Section 1 and Co-op Employers complete Section 2.

Section 1: Students	
Student Details	
Name:	
Email:	Student ID:
Program:	Work Term:
Job Contact Details	
Organization Name:	
Organization Address:	
Organization Website:	
Hiring Contact Name:	
Hiring Contact Job Title:	
Work Term Details	
Job Title:	
Location:	Modality: on-site, hybrid, remote
Start Date:	End Date:
Hourly Rate:	Hours Per Week:
Length of Employment: enter total number	er of weeks
Job Description attached for	approval (required)
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## Section 2: Employers

Insurance Coverage	
Is Workplace Safety Insurance Board (WSIB) coverage	e or equivalent provided for employees?
Yes No	
Acknowledgement:	
I acknowledge that I am hiring a Trent University about the student's work term. This will include com the completion of a mid-term and final evaluation.	•
Signatures	
Student Signature: ×	Date:
Employer's Signature: ×	Date:

## **Student Instructions**

Please email this form with a copy of the job description attached to <u>jkerswill@trentu.ca</u>. The Co-op Team will review and verify that the job meets the requirements for your co-op work term.



