

SUMMER EMPLOYMENT APPLICATION

Department of Entomology
University of Manitoba

NAME: _____ DATE: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____ STUDENT #: _____

DATE OF BIRTH: _____ S.I.NUMBER: _____

DO YOU HAVE A VALID FULL (NOT PROBATIONARY) MANITOBA DRIVER'S
LICENSE? _____

DATES AVAILABLE FOR WORK FROM: _____ TO: _____

WHICH UNIVERSITY DID YOU ATTEND THIS YEAR? _____

WERE YOU REGISTERED AS A FULL TIME _____ OR PART TIME _____ STUDENT?

HOW MANY CREDIT HOURS DID YOU TAKE? _____

HIGH SCHOOL STUDENTS

<u>Calendar Year</u>	<u>Academic Year</u>	<u>Final Average</u>	<u>Best Subjects</u>
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_____ - _____	Grade XI		
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_____ - _____	Grade XII		
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UNIVERSITY STUDENTS

<u>Calendar Year</u>	<u>Faculty</u>	<u>Credit Hours Taken</u>	<u>Final Average</u>	<u>Best Subjects</u>
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PLEASE ATTACH A RESUME

