

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

Calendar Year Academic Year Final Average Best Subjects

_____ - _____ Grade XI

_____ - _____ Grade XII

UNIVERSITY STUDENTS

Calendar Year Faculty Credit Hours Final Average Best Subjects
Taken

_____ - _____

_____ - _____

_____ - _____

PLEASE ATTACH A RESUME

