

Employer Form

Co-operative Education

PO Box 2503, New Westminster, BC V3L 5B2
604 527 5100 Tel 604 527 5070 Fax
co-op@douglas.bc.ca www.douglas.bc.ca/coop

Fax Back to 604-527-5070

Date: _____

Employer: _____

Address: _____

City: _____

Postal code: _____

Contact person: _____

Title: _____

Department: _____

Telephone: _____

Fax: _____

E-mail: _____

Web site: _____

Nature of Business

Government

(federal/provincial/municipal)

Non-profit

Private business

Years in business: _____

No. of employees in BC: _____

Please check the academic program(s) or specialty(s) that best meet(s) your needs:

Arts	Business	Science
<input type="checkbox"/> Criminology	<input type="checkbox"/> Accounting Management	<input type="checkbox"/> Computing Science
<input type="checkbox"/> English/Writing	<input type="checkbox"/> Commerce & Business	<input type="checkbox"/> Environmental Science
<input type="checkbox"/> Environmental Studies	<input type="checkbox"/> Computer Information Systems	<input type="checkbox"/> Habitat Restoration
<input type="checkbox"/> Physical Education/Recreation/Coaching	<input type="checkbox"/> Marketing Management	<input type="checkbox"/> Sciences – other
<input type="checkbox"/> Humanities/Social Sciences – other	<input type="checkbox"/> Office Administration	

Job title: _____

Number of positions: _____

Wage/salary: _____

Dates required: _____

Fall (Sept–Dec)

Winter (Jan – Apr)

Summer (May – Aug)

Hours: _____

am to

pm

Days per week: _____

Hours per week: _____

Deadline for applications: _____

Protocols for student recruitment (please check your preferences)

Send cover letters with résumés yes

no

Send résumés by _____

fax

courier

Interview students at _____

Co-op office own office

Other: _____

**Please fax this form back,
along with a job description.**

