

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

