

**EMPLOYER NEW PLACEMENT INFORMATION FORM**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Name of Contact Person(s): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Co-op Job / Placement Title: \_\_\_\_\_

Number of Placements Available: \_\_\_\_\_ On-Site Virtual Blended

Semester 1 (Sept. – Jan.)	<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/> either	<input type="checkbox"/> all-day
Semester 2 (Feb. – June)	<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/> either	<input type="checkbox"/> all-day
Summer Co-op (July - August):	<input type="checkbox"/> <b>ALL DAY</b>			

Hours (and days) of Work: \_\_\_\_\_

Will the student be paid a wage or given an honourarium? Yes No

Job Synopsis and Tasks (Observed and/or performed by the Co-op Student):

Job Requirements (Skills, Personal Qualities):

Would you sponsor an apprentice? Yes No

If so which trade(s)?

Would you be willing to have students come in for short term experiences? 1-2 days 3-5 days 1-2 weeks

Are you willing to be a guest speaker for a class? Yes No

I would like the teacher/student to contact me by: Email Yes No  
Phone Yes No

**Please email completed form to: [ncallan@hwdsb.on.ca](mailto:ncallan@hwdsb.on.ca)**