

PARKLAND JOB BANK 2011/12 REGISTRATION FORM

EMPLOYER INFO

BUSINESS NAME: _____

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT PERSON: _____

E-MAIL ADDRESS: _____ WEBSITE: _____

JOB INFO

JOB TITLE: _____

START DATE: _____ CLOSING DATE: _____

WAGE/SALARY: _____ # OF POSITIONS: _____

JOB TYPE: CASUAL PART TIME FULL TIME PERMANENT

TIME: DAYS EVENINGS WEEKENDS

HOW TO APPLY: IN PERSON PHONE FAX E-MAIL

JOB DESCRIPTION: _____

QUALIFICATIONS: _____
