

EMPLOYER INFORMATION FOR STUDENT APPRENTICES



STUDENT APPRENTICE NAME

COMPANY NAME

Work Location Address	Primary Contact for Student	Alternate Contact for Student
STREET	NAME	NAME
	POSITION	POSITION
CITY	PHONE # (OFFICE)	PHONE # (OFFICE)
	PHONE # (MOBILE)	PHONE # (MOBILE)
POSTAL CODE	EMAIL ADDRESS	EMAIL ADDRESS

Employer Work Term Information

Hours of Work:	
You are required to bring/wear the following at work:	
Additional Information:	

NOTE:

- You are also required to wear all Personal Protective Equipment provided by your employer.
- Please bring enough food and water for the day.

