

CICE Resume Form

Please provide 3 previous volunteer, co-op or employment experiences.

Experience #1

Position:

Company:

Supervisors First Name:

Supervisors Last Name:

How many per week?

Was this a paid position? Yes No

Start Date:

End Date:

What level of support was routinely provided to the applicant while on shift?

Part-time Check-in only N/A Other:

Duties Performed/Skills Required:

Experience #2

Position:

Company:

Supervisors First Name:

Supervisors Last Name:

How many per week?

Was this a paid position? Yes No

Start Date:

End Date:

What level of support was routinely provided to the applicant while on shift?

Part-time Check-in only N/A Other:

Duties Performed/Skills Required:

Experience #3

Position:

Company:

Supervisors First Name:

Supervisors Last Name:

How many per week?

Was this a paid position? Yes No

Start Date:

End Date:

What level of support was routinely provided to the applicant while on shift?

Part-time Check-in only N/A Other:

Duties Performed/Skills Required:

For equal consideration, please ensure both your application to OCAS and this application, are submitted by February 1, 2024. Once we receive both applications, you will be contacted in early February for an interview.

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