# EMPLOYER PROFILE

❑ **New Employer**

❑ **Add New Career Activity**

❑ **Update** (change/correction)

For Office Use

Activity Code: _____

Business Code: _____

NOC: _____

**Activity (Job Title):** _____

**Type of Work Experience:**

❑ CP ❑ PreEmp ❑ SpEd ❑ SSA ❑ Apprenticeship Program (specify): _____

**Business**: _____

Address: _____Phone: _____-_____-_____

City/Prov.: _____ Postal Code: _____ Fax: _____-_____-_____

**Definition** ***(check one only):*** Standard Work-Site ❑ *(unpaid work experience with WorkSafe BC coverage provided by the Crown)* Non-Standard Work-Site ❑ *(no WorkSafe BC coverage available)*

**Contacts**: **Supervisor 1:**

Name: _____

Position: _____

Phone: _____-_____-_____

**Supervisor 2:**

Name: _____

Position: _____

Phone: _____-_____-_____

**Reserved for Teacher:** _____ School _____
First Name Surname

**Duties:**
- _____
- _____
- _____

**Dress:**
- _____

**Maximum # Students at a time:** _____ **Wheelchair Accessible:** Y N

**Schedule (indicate times, days, months):**

*Preferred Times:* _____

*Preferred Days:* **Mon Tue Wed Thu Fri Sat Sun**

*Preferred Months:* **SE OC NO DE JA FE MR AP MA JN**

**Equipment (including Safety Equipment):** **Supplied by:** student employer
- _____ ❑ ❑
- _____ ❑ ❑

**Requirements:** ❑ Interview ❑ Resume ❑ Confidentiality

**Please forward this with a copy of the Safety Checklist to the Career Programs Office (Fax #6132)**

Revised 3/26/09