



SUMMER EMPLOYMENT

If you wish our members to be advised of your interest in summer employment, please complete this form and email to the ABCLS office at office@abcls.ca or fax 250-655-7223.

Name: _____

Address: _____

Phone Number: _____

Email: _____

Educational Institute being attended: _____

Program enrolled in: _____

Number of years completed: _____

Area of Province you are interested in working in (please choose your top two choices):

- | | | | |
|------------------|----------|-------------|---------------|
| Lower Mainland | Kootenay | Peace River | Other |
| Vancouver Island | Cariboo | Rupert | No Preference |

Months available for summer employment: _____

Position you are looking for (office, field): _____

Experience: _____

Expectations of summer employment: _____

