



2017/2018 CAREER PLACEMENT APPLICATION FORM

NORTH HAMILTON COMMUNITY HEALTH CENTRE

APPLICATION INSTRUCTIONS:

Before completing this Application Form, please read the appropriate Career Placement information Sheet, located here: <http://experiential-ed.mcmaster.ca/students/career-placements>

- (1) Complete this application form in full and include all required information/forms as listed in the application checklist below.
- (2) Submit your complete application to the Office of Experiential Education in KTH 129 before the application deadline.

Application Deadline: Wednesday, September 15, 2017 at 4:00pm.

Late, incomplete, or applications from ineligible students will not be considered.

It is the applicant's responsibility to ensure that they meet all eligibility criteria, that applications are complete and that all information is accurate prior to applying for this opportunity. EE eligibility criteria can be found at: <http://experiential-ed.mcmaster.ca/students/eligibility-1>

Information included in an application is subject to verification for authenticity and accuracy.

APPLICATION CHECKLIST:

The following application documents are required:

This completed application cover sheet

Completed Student Information Disclosure Form (including witness signature)

Statement of Interest (see [Career Placement Information Sheet](#) for more information)

Your current Resume

APPLICANT INFORMATION:

Student Name:

Student ID#:

Level:

Area of Study (e.g. Political Science)

Telephone Number

McMaster Email Address

(your McMaster Email address will be used to contact you with regard to this application)



EXPERIENTIAL EDUCATION
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**STUDENT INFORMATION
DISCLOSURE FORM**

As per Section 42(b) of the *Freedom of Information and Protection of Privacy Act (FIPPA)*, I authorize Experiential Education, Faculty of Social Sciences, McMaster University to disclose, during this current academic year and/or while I am enrolled as a Social Sciences student, any and all information related to my internship or other student placement activities to any or all potential or current employers or placement agencies.

I acknowledge that I will advise Experiential Education, Faculty of Social Sciences, McMaster University, in writing, if I wish to revoke this consent for any reason. Refusing or revoking consent for disclosure of information may result ineligibility for internship and/or other placement opportunities.

Student's Name (please print)	Student ID Number
Address	Telephone Number

Student's Signature	Date
Witness's Signature (Required)	Date