



ANCASTER COMMUNITY SERVICES

Youth Employment Services Registration Form - Employer

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Postal Code: _____

Start Date and Duration: _____

Times needed:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Position: _____

Job Description: _____

Attributes/skills required: _____

Transportation: _____ Town Area: _____

**Return via: Fax (905-648-8949), or Mail to ACS, 300 Wilson Street East , Ancaster ON L9G 2B9
or Walk-in Grange School, 306 Woodworth Drive, Ancaster**

FOR OFFICE USE ONLY

Comments:

Students Contacted:

- 1.
- 2.
- 3.