



THOMPSON RIVERS  
UNIVERSITY

# Work or Volunteer Experience

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Education and Skills Training Program  
Career Education Department  
Faculty of Student Development

**Applicant Name:** \_\_\_\_\_

**Please fill in this form with information from your most recent work experience or volunteer placements.**

**It is the applicant's responsibility to ensure that this form is returned to TRU Admissions.**

Name of Placement \_\_\_\_\_

Length of Placement (how long were you there?) \_\_\_\_\_

Jobs done on this placement \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Jobs done on this placement \_\_\_\_\_

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