



**FILL OUT THIS APPLICATION AND DELIVER IT TO OUR OFFICES**

Date: \_\_\_\_\_

Please indicate to which area(s) you would like to deliver:

#1 \_\_\_\_\_ #2 \_\_\_\_\_

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**Applicants Information**

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Social Insurance Number: \_\_\_\_\_

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Surname	First Name	Initial(s)	Phone Number
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Address (No, Street, City, Postal Code)

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Parent/Guardian Name	Phone Number (Home)	(Business)
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**Mailing Address**

I agree to give The Aurora Newspaper two weeks notice if I decide to quit. I also agree to return carrier bag # \_\_\_\_\_ upon my termination or be held responsible for its replacement cost.

Applicants Signature

Parent/Guardian Signature

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**For Office use only**

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Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date: \_\_\_\_\_

Area Assigned \_\_\_\_\_ Number of Papers \_\_\_\_\_

Introduced to Managing Editor: Yes No