

**SCHOOL-TO-CAREERS
WORK-BASED LEARNING
STUDENT APPLICATION FORM**

FOR SCHOOL USE ONLY

Accepted Denied
Placed _____

I am applying for: Apprenticeship Internship
 Career Practicum Other: _____

PERSONAL DATA

Student Name: _____ Social Security No.: _____
Home Phone: _____ Age: _____ Birth Date: _____
Home Address: _____
Street City/Zip
E-mail address _____ Cell Phone _____
Parent/Guardian: _____ Home Phone: _____ Work Phone: _____
Emergency Contact: _____ Emergency Phone: _____

CAREER INTEREST

Career Fields: Business/Marketing Science Technology Arts/Recreation Social/Humanitarian
Career Goal (SEOP): _____

A resume is required prior to internship application review.
Internship: List occupation and/or employer of interest: _____

Career Practicum:
Worksite name, supervisor and phone: _____

TIME PREFERENCE

Applying for: Term 1 Term 2 Term 3 Term 4 Full Year Summer
Periods 0 1A 2A 3A 4A 1B 2B 3B 4B

EXPERIENCE & SKILLS

Previous Experience _____

Company Name	Name Job Title	Length of Employment	Duties/Skills Learned

List any skills you have that may help you on the job (i.e. computer, CAD, welding, WordPerfect, cabinet making, etc.): _____

Classes and Experiences Related to Requested Work Experience (clubs, organizations, service projects, etc.):

- 1. _____ 2. _____
- 3. _____ 4. _____

This application is accurate and complete. I understand that selection may be based on skills, abilities, and/or experience. If selected for his program, I will take full advantage of this opportunity to improve my skills and efficiency in both the classroom and at the work site.

Signature of Student _____ Date _____

Affirmative Action/Equal Opportunity Statement

Washington County School District is committed to providing educational and employment opportunities to students without regard to race, color, sex, religion, age, national origin or disability in acceptance with Title VI of the Civil Rights Act of 1954, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and with the Americans with Disabilities Act.

For School Use Only

Related class: _____ Teacher: _____

Comments :

Information on this document is classified as private in accordance with Government Records Management Act (Utah State Code 63-2-302)