

STUDENT APPLICATION WORK-BASED LEARNING ALPINE SCHOOL DISTRICT

Date _____

Check One: Job Shadow _____ Internship _____ Co-op (CCTE) _____

PERSONAL DATA			
Student Name _____		Home Phone _____	
Address _____		Birthdate _____	Age _____
		Zip _____	Grade:(Circle One) 10 11 12
Social Security Number _____		Student Number _____	
Parents/Guardian: Mother _____		Father _____	
CAREER INTEREST			
Career Goal: _____			
List Company(ies) where you would like a WBL experience: _____			

Supervisor's Name _____		Phone _____	
Address: _____			
What Specific Periods are you registering for? (Circle One) 1 2 3 4 5 6 7 8 Other			
Why do you want to participate in the WBL program? _____			
RELATED CLASSES TAKEN IN HIGH SCHOOL			
1. _____		2. _____	
3. _____		4. _____	
Current CTE related class (es): _____			
What do you plan to do after graduation? _____			
What would you like to be doing five years from now? _____			
PRESENT AND PREVIOUS WORK EXPERIENCE AND SKILLS			
Company Name	Job Title	Length of Employment	Duties/Skills
_____	_____	_____	_____
_____	_____	_____	_____
List any skills you may have that will help you with this WBL experience (i.e. computer, CAD, welding, WordPerfect, cabinetmaking, etc.): _____			

I have prepared this application accurately and completely. If I am selected for this program, I will take full advantage of every opportunity to improve my skills and efficiency in both the classroom and in the world of work.

Signature of student _____

<u>For Office Use Only</u>	
Accepted _____	Declined _____
Initials _____	

Alpine School District Career and Technical Education opportunities are offered to all students regardless of race, color, national origin, sex, or disability.