

**ALPINE SCHOOL DISTRICT**  
**Teacher in Industry and Business Externship (TIB)**  
**Summer, 2008**

Application Form

Please print requested information in the space provided. All requested information must be provided.

Name: \_\_\_\_\_  
Last First MI

**Home Address**

Number Street Apt

City State Zip

Home Phone Cell

**School Information**

School

School Phone Extension

Email

**Subject(s) You Teach**

Course Number Course Name

Course Number Course Name

Course Number Course Name

Course Number Course Name

Course Number Course Name

**Externship Employer Information**

Name of Externship Employer or Company

Address of the Facility Where Your Training Station Will Be Located

City State Zip

Externship Supervisor/Contact Person

Externship Supervisor/Contact Person's Phone Number/Extension

Externship Supervisor/Cell Phone Number

Dates of Externship: (80 Hours)

**Completed Goal Sheet Attached**

Describe in detail the work you will be doing. Limit your narrative to this page.

Indicate how the job is related to what you teach. Limit your narrative to this page.

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_____ Applicant's Signature	_____ Date of Signature
_____ Employer's Signature	_____ Date of Signature
_____ Principal's Signature	_____ Date of Signature
_____ CTE Director's Signature	_____ Date of Signature

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