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|  | ***High School Work Experience Program*** |
|  |  |

Name of High School

APPLICATION FORM

Please type or print in ink:

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| --- | --- | --- | --- |
| Applicant’s Name: |  | Age: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: |  | City: |  | Zip: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone: |  | Date of Birth: | Mo. /Day/Yr |  |

|  |  |
| --- | --- |
| Business Name of Employer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person: |  | Contact Phone: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: |  | City: |  | Zip: |  |

|  |  |
| --- | --- |
| Parent Guardian Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation: |  | Work Phone: |  |

1. Can you furnish a vehicle for travel to and from the job site? 
2. Confer with the counselor regarding your academic status and graduation requirements. Current number of credits: \_\_\_\_\_\_\_\_ Counselor’s Initials \_\_\_\_\_\_\_\_

3. List those course and credits required for graduation:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
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4. List some of your personal strengths that would apply to this career/position.

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| --- | --- | --- |
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|  |  |  |

**Application – Page 2**

WORK EXPERIENCE PROGRAM

5. List some of your special skills that would apply to this career/position.

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| --- | --- | --- |
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6. What type of job site do you prefer and why?

|  |  |  |
| --- | --- | --- |
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7. Below write a brief statement (50-100 words) explaining how you might benefit from the Work Experience Program.

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