

Schuylkill School-To-Work Work Experience Application

Personal Information (Please print or type)

Last Name First Name Middle Initial

Street Address Apt. # City State Zip

Telephone Number Current Grade Level

1st Choice 2nd Choice

Occupation(s) Applied for Date of Application

School-to-Work activity Desired: ▶ Job Shadowing ▶ Co-Op ▶ Internship ▶ Apprenticeship
 Have you ever filed a School-to-Work application with us before? ▶ Yes ▶ No
 Have you ever participated in a School-to-Work activity? ▶ Yes ▶ No

If yes, please list the activities: _____

NOTE: It is the sole responsibility of the student to secure transportation to and from the work experience. Because it is sometimes difficult to find a participating business in the student's hometown, please be specific concerning other locations for which a student can find transportation.

Please check one of the following:

- ▶ I am not limited in anyway concerning the location of my work experience.
- ▶ Because of transportation, I can only participate in a work experience in the following areas or cities:

Any additional limitations? ▶ Yes ▶ No If yes, please explain. _____

Would there be any special needs you would require to perform the duties of the position for which you are applying? ▶ Yes ▶ No

If yes, please explain: _____

Education

	Name & Location of School	Years Completed	Date Graduated Diploma?	Course of Study (ex. AVTS, Career Clusters)
Elementary School				
High School				
Post Secondary Plans				

Describe Course Studies:

Describe any specialized skills, course work and extra-curricular activities that have prepared you for this School-to-Work activity:

List Community and Organizations in which you are active:

Employment Experience: Your present or last job.

Employer	From:	To:
	Dates Employed	
Address	Starting	Final
	Hourly Rate/Salary	
Telephone Number	Supervisor	
Reason for Leaving		
Work Performed:		

References

1 _____
Name Phone #

Address Position/Title

2 _____
Name Phone #

Address Position/Title

3 _____
Name Phone #

Address

Position/Title

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Date: _____ Signature _____

Attendance Rate _____

Grade Point Average _____

Teacher _____ Date _____

Guidance _____ Date _____

Principal _____ Date _____