

# O'FALLON TOWNSHIP HIGH SCHOOL

## COOPERATIVE EDUCATION PROGRAM APPLICATION

*Please print neatly in blue or black ink or type.  
Please complete ALL of this application. If part of it does not apply to you, write N/A.*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

2<sup>nd</sup> Sem. Advisory Teacher \_\_\_\_\_ 2<sup>nd</sup> Sem. Advisory Room # \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

### Student Personal Data

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Do you currently live with:  Father  Mother  Guardian  Other \_\_\_\_\_  
(explain)

### Preparatory Training

What have been your favorite subjects in high school? \_\_\_\_\_

Do you plan to seek further training or education after high school?  Yes  No

If "Yes" above, please explain: \_\_\_\_\_

What is your career interest area?  
(if undetermined, list possible areas) \_\_\_\_\_

What courses have you taken that relate to your career interest area? \_\_\_\_\_

When do you plan to graduate from OTHS?  December 2021  May 2022  Not sure

*\*Note: If accepted into the Cooperative Education Program, you will be required to identify graduation plans and it is expected that they will not change as class size is determined by this.*

### Work Experience

|   |   |                     |                   |
|---|---|---------------------|-------------------|
| Are you currently employed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If "yes," is this position in your area of career interest?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                     |                   |
| Have you ever been fired or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "yes," please explain: |   |                     |                   |
| <i>Please list all past work experience (formal and informal) below beginning with your current or most recent position:</i>                  |   |                     |                   |
| Dates of Employment   | Position  | Place of Employment | Supervisor's Name |
|   |   |                     |                   |
|   |   |                     |                   |
|   |   |                     |                   |
| What do you do in your spare time?  |   |                     |                   |

Vital Information

Do you wish to work this summer?  
 Yes       No

When are you available to begin work?  
 \_\_\_\_\_

Are you able to provide your own transportation?

Yes       No

Are you willing to work on weekends?

Yes       No

Holidays/Vacations?

Yes       No

What extra-curricular activities do you plan to participate in next year?  
 \_\_\_\_\_

Are there any other factors that may interfere with your work schedule?  Yes       No

If "yes," please explain:  
 \_\_\_\_\_

*Please explain why you wish to participate in the Cooperative Education Program:*

\_\_\_\_\_

\_\_\_\_\_

References

|   |                |
|---|----------------|
| Please list three teachers who will recommend you for the Cooperative Education Program. Please make sure you have their permission to use their name as a reference! |                |
| Teacher's Name  | Subject Taught |
|   |                |
|   |                |
|   |                |

Student Agreement

**In order to receive credit for this class you MUST have a job within 14 days from the first day of school. If you fail to secure employment w/in 14 days from the beginning of school, you MUST report to study hall during your work related release hours until approved employment has been secured. If unemployment continues beyond a reasonable amount of time, you will be dropped from the program and will not receive credit.**

*If your application is approved and you are accepted into the Cooperative Education Program:*

Will you agree to attend both school and work regularly?  Yes       No

Will you agree to abide by the rules and regulations of the Cooperative Education Program?  Yes       No

Will you agree to complete the training program that will be determined by the Cooperative Education Program Coordinator and your employer?  Yes       No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return your completed application immediately to Mr. Gibson's Office - 603C or your Counselor.*