



Career Programs Application

Please complete all blanks for prompt processing
Return to your High School Career Navigator

Date ____/____/____
MM / DD / YYYY

Please select one: Job Shadow (grades 9-12) Internship (grades 11-12)

**Please note that student needs to be in good standing and on track to graduate (attendance, credits, discipline)*

Name _____

Address _____
Last _____ *City* _____ *State* _____ *Zip* _____

Home Phone (____) _____ Cell Phone (____) _____

School _____ Grade _____ High School Counselor _____

School Email _____ Birth Date ____/____/____
MM / DD / YYYY

Plans after graduation _____ Prospective College _____

Are you employed? •Yes • No If so, name of the company in which you work _____

Emergency contact: _____
Name _____ *Cell Phone* _____ *Work Phone* _____ *Relationship* _____

Interest Choices

1 st Choice	2 nd Choice	3 rd Choice

*Have you already pre-secured an internship or shadow site? If so please note below:

Name of Company/Business: _____ Contact: _____

Please list one reference (non-family) who have known you for at least one year. This should be an employer or someone who can speak to your character. This should not be a friend.

Please include all information requested.

Name _____ Phone (____) _____ Email _____

Address _____ City _____ State _____ Zip _____

How does this person know you? _____ How long acquainted _____

Why are you interested in this career internship? _____

What interests or hobbies do you have? _____

Do you have transportation?

YES NO

Applicant's Authorization and Agreement

I understand that any omissions or misstatements made by me on this application may be cause for my application to be declined. I understand that all information will be verified. I declare that all the statements I have made on this application are true, correct and complete to the best of my knowledge.

Applicant's Signature _____ **Printed name** _____

Teacher Sponsor's Signature _____ **Printed name** _____

Parent's Signature _____ **Printed name** _____

FOR OFFICE USE ONLY:

1st Contact _____ Date _____ Company _____

2nd Contact _____ Date _____ Company _____

Assigned _____ Date to Shadow _____

Special Instructions

Email sent to student _____ Student Confirmation _____