

_____ CO-OP
_____ Internship
_____ Apprenticeship

*Job Site Information Sheet
for Work-Based Learning Students*



Student Name:

Home Telephone Number:

Student Cell Number:

Student E-Mail:

Company Name:

Company Street Address:

City, State, Zip Code

Business Phone:

Ext:

Business Fax:

E-Mail:

Supervisor's Name and Title:

Person(s) authorized to verify hours in addition to supervisor:

Company's Business Hours:

Hourly Wage:

Type of Business:

Student's Job Title:

*Please attach your supervisor's business card to this form in the box below:

Use Map Quest or Google Maps to print out directions from your school to your job. These should be step-by-step directions. Attach the printed directions to this sheet.

Optional BUSINESS CARD OF
YOUR SUPERVISOR GOES IN THIS BOX

