



**ELIZABETH CITY-PASQUOTANK
PUBLIC SCHOOLS**

Application for Internship Program

Personal Data

Name: _____
(First) (Middle) (Last)

Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Scholastic Data

Current Grade: _____

GPA: _____

Current Semester Schedule			
	<i>Subject</i>	<i>Teacher</i>	<i>Room</i>
<i>1st</i>			
<i>2nd</i>			
<i>3rd</i>			
<i>4th</i>			

List Career & Technical Education courses you are taking or have taken: _____

State your Career Objective or future plans: _____

Work Experience

Name of Employer: _____

Type of Work: _____

Dates of Employment: _____

Do you have transportation? _____

Student Signature and Date: _____

Parent/Guardian Signature and Date: _____