



# Work-Based Learning Student Information Application

Clearly PRINT all information

## Personal Information

Student Name: \_\_\_\_\_ Student ID No. \_\_\_\_\_  
(First, Middle, Last)

Street Address: \_\_\_\_\_  
street city State zip code

Student Cell: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_

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

Career Pathway Goal/Post-secondary plans: \_\_\_\_\_

What related CFE course(s) course have you taken and passed with a "C" or better?

What related CFE course will you take concurrently with work-based learning as it applies to your goals?

## Employment Information:

If you have a specific site or employer you would like us to consider for your placement, complete the following (i.e. current employer, previous employer contact, etc.)

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Employment:  Unpaid Internship (10 hours per week allowed)  
 Paid Internship (minimum of 10 hours per week for block or 15 hours for 2 blocks)

Term(s) & Hours of will be determined by your schedule. Preferred Term(s) \_\_\_\_\_ Hour(s) \_\_\_\_\_

Job Duties: \_\_\_\_\_  
(attach additional sheet if necessary)

I have read the work-based learning policies and agree to adhere to the state guidelines in the contract and handbook.

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

\_\_\_\_\_  
Parent Signature Date