PINELLAS COUNTY SCHOOLS

Date _____

CAREER & TECHNICAL EDUCATION
WORK-BASED LEARNING PROGRAM
STUDENT APPLICATION/VISITATION RECORD

Name _____ Home Phone _____
Last First Middle

Address _____ Cell Phone _____

City _____ State _____ Zip Code _____

Current Grade Level _____ Date of Birth _____

Father's Name _____ Email _____
(guardian)
Business Name and Phone _____ Cell Phone _____

Mother's Name _____ Email _____
(guardian)
Business Name and Address _____ Cell Phone _____

What type of transportation do you have for work? Car ___ Parent ___ Other (Specify) _____

Driver's License Number _____

School _____ Program _____ Teacher _____

In what type of occupation do you desire training? _____

Explain any special needs you may have to be considered in job placement: _____

Future goals: (check one) ___ College ___ Career/Technical School ___ Military ___ Full-time Employment

List any Industry Certifications Earned (use reverse side or additional page if necessary)

Name of Certification	Year	Name of Certification	Year

Previous Employment (list current employer first)	Supervisor's Name	Work Phone No.	Type of Work	Dates Worked

STUDENT WORK-BASED LEARNING AGREEMENT

Realizing the student's performance on the job will reflect upon the student, the school, and the employer, and as a condition for acceptance into the Work-Based Learning Program, we agree to the following:

1. Perform duties in the job in a loyal manner, following company policies, guidelines, rules and regulations.
2. Adhere to the Pinellas County Schools Student Code of Conduct (found at www. pcsb.org).
3. Represent yourself and the company in a professional manner, display a willingness to learn, and adhere to proper grooming and dress.
4. Provide transportation to the workplace.
5. Maintain at least a cumulative 2.0 average.
6. Be physically able to perform the work of the employment.
7. Be punctual and in attendance, informing the employer promptly in the event of illness or emergency that prevents attendance.
8. Notify the Work-Based Learning Coordinator immediately of any concern, problems, injuries or condition that may impact the Work-Based Learning experience.
9. Agree to necessary employer screening required for employment.
10. Be terminated from the Work-Based Learning Program upon withdrawal from school prior to graduation.

We have read and understand our obligations to the Work-Based Learning Program:

_____	_____	_____
Parent/Guardian Printed Name	Parent/Guardian Signature	Date
_____	_____	_____
Student Printed Name	Student Signature	Date

WORK-BASED LEARNING COORDINATOR'S VISITATION RECORD	
Dates	Summary of Student's Performance/Progress