

WORKPLACE EXPERIENCE (CO-OP) APPLICATION

FIRST NAME:	LAST NAME:
ADDRESS:	
DATE OF BIRTH: STUDI	ENT PHONE NUMBER:
EMPLOYMENT STATUS: I AM WO	ORKING I AM LOOKING FOR WORK
LIST THE JOBS YOU HAVE HAD WHILE IN F	HIGH SCHOOL:
EMPLOYER:	DATE OF EMPLOYMENT:
IOR DUTIES PERFORMED:	
	DATE OF EMPLOYMENT:
JOB DUTIES PERFORMED:	
	DATE OF EMPLOYMENT:
JOB DUTIES PERFORMED:	
HAVE YOU EVER BEEN DISMISSED (FIRED)) BY AN EMPLOYER? IF YES, PLEASE EXPLAIN.
YES:	NO:
BRIEFLY STATE THE REASON YOU ARE APP	PLYING FOR THE WORKPLACE EXPERIENCE PROGRAM:
WHAT ARE YOUR PLANS FOR AFTER HIGH	SCHOOL? WORK MILITARY COLLEGE UNDECIDED
PLEASE ELABORATE:	



HAT IS YOUR GPA?	6TH SEMESTER TOTAL ABSENCES?
PARENT/GUARDIAN(S) WITH WH	OM YOU LIVE
PARENT/GUARDIAN 1 INFO	PARENT/GUARDIAN 2 INFO
EMPLOYER:	EMPLOYER:
PHONE NUMBER:	
EMAIL ADDRESS:	EMAIL ADDRESS:
1)	FF MEMBERS WHO YOU KNOW WELL ENOUGH TO GIVE ADDITIONAL R CHARACTER AND ABILITY. (DO NOT LIST RELATIVES) ADDRESSES AND TELEPHONE NUMBERS OF TWO ADULT REFERENCES TO GIVE ADDITIONAL INFORMATION REGARDING YOUR CHARACTER TIVES) REFERENCE 2
NAME:	NAME:
ADDRESS:	
EMPLOYER:	
PHONE NUMBER:	
EMAIL ADDRESS:	EMAIL ADDRESS:
STUDENT SIGNATURE:	DATE:



Please return to Mr. Boyars. THIS FORM MUST BE COMPLETE OR YOUR APPLICATION WILL NOT BE CONSIDERED.
In addition, the student MUST ALSO SUBMIT A RESUME. The student's past attendance, grades and discipline
record will also be considered in reviewing his/her application. The student must have passing grades in all
subjects during the semester preceding placement in the program. Grades of C or better in all subjects are
generally expected.

DATE: _____

PARENT SIGNATURE: