

TIMPVIEV



WORK-BASED LEARNING

INTERNSHIP APPLICATION FORM

TIMPVIEV HIGH SCHOOL

FOR SCHOOL USE ONLY

___ Accepted ___ Denied

Placed _____

PERSONAL DATA

Grade level _____ Application Date _____

Student Name _____ Student Number _____

Home Phone _____ Age _____ Birth Date _____

Home Address _____

Street _____

City _____ ZIP _____

Parent/Guardian _____ Home Phone _____

Work Phone _____

Emergency Contact _____ Emergency Phone _____

CAREER INTEREST

Career Cluster Arts/Recreation Business/Marketing Science

Social/Humanitarian Technology

Career Goal (SEOP) _____

List three jobs/companies that interest you

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

Related classes taken at the high school

List the main reason(s) you desire to participate:

TIME PREFERENCE

Applying for Semester 1 Semester 2 Full Year Summer

****Elementary Internships are available 2-4 and 6-7 periods**

****Internships (other than elementary) for periods 3-5 must be pre-approved by Ann Decker**

PREVIOUS EXPERIENCE & SKILLS

Company Name	Job Title	Length of Employment	Duties/Skills Learned

List any skills you have that may help you on the job (i.e., computer, CAD, welding, word processing, cabinet making, etc.)

I have prepared this application accurately and completely. If I am selected for this program, I will take full advantage of every opportunity to improve my skills and efficiency in both the classroom and in the world of work.

I understand there are seminars I must attend and assignments I must complete to receive credit

Signature of Student _____ Date _____