Work-Based Learning Application

**Check Appropriate WBL Program Check CTAE Pathway**

**□ Internship □ Business & Computer Science**

**□ Employability Skills Development (ESD) □ Engineering**

**□ Cooperative Education □ Family & Consumer Science**

**□ Youth Apprenticeship □ Marketing Sales & Services**

**□ Personal Care Services-Cosmetology**

**□ Transportation**

**□ Other**

**GENERAL INFORMATION**

**Name\_ Student ID # \_\_\_\_\_\_\_\_\_**

**Address City \_ State Zip**

**Home Telephone Number Student’s Cell Number**

**Grade \_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_ \_**

**E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian\_ Cell Number\_**

 **Parent E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL RECORD**

**Attendance: Excellent\_**

**Good\_**

**Fair\_**

**Poor\_**

**GPA**

**Graduation Date:**

**Guidance Counselor:**

**Are you on track for graduation? Yes No If, no explain**

**Have You Decided Upon A Career? Yes No If so, what?**

**Career/Technical classes completed in high school:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**Favorite Subjects:**

**Extra-Curricular Activities:**

**Offices Held:**

**Employment**

**Current Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone** **Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If presently employed, would you want to continue in that job as a WBL student? Yes No**

**Name: Phone Number:**

**Please list your previous work experience and start with your most recent position first, etc. If none, include volunteer work.**

**Company Name Dates Worked Duties**

**Describe the type or types of jobs that you would prefer:**

**As a requirement in the work-based learning program, you are expected to join your student co-curricular organization. The dues are around $20.00 per year. Do you understand your responsibility to do this willingly? Yes No**

**Transportation**

**It is each student’s responsibility to provide his/her own transportation to and from work.**

**Do you have access to a car? Yes\_ No**

**If NO, do you have transportation to a job? Yes\_ No How?**

**Do you have a valid driver’s license? Yes\_ No**

**It is the policy of the Richmond County School System not to discriminate in its admission requirements, educational programs, activities, or employment policies in regard to gender, race, color, national-origin, creed, or handicapping conditions. In considering a student application for the work study program, his/her high school discipline, attendance records, and teacher recommendations are considered before acceptance into the program is confirmed.**

**Student Signature**

**Parent/Guardian Signature**

**Date of Application**

**Do not write below this line.**

**Absences: 1st Semester**

**2nd Semester**

**Discipline:**

**Date Approved: Not Approved:**

**Training Station: Date Notified:**

**WBL Instructor’s Signature:**

***RETURN APPLICATION TO THE WBL INSTRUCTOR***

The Richmond County School system does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and

activities and provides equal access to designated youth groups.