

Please PRINT Legibly

Fall
 Summer
 Spring 20 _____

Student ID Number _____ Career Goal/College Major _____

Name (Last, First, MI)

Employer (name of company or work site)

Address (Number & Street, Apt. #)

Work Address

City State Zip

City State Zip

Home Phone ()

Supervisor's Name

Work Phone ()

Phone () Fax ()

Cell # ()

Supervisor's e-mail Address

Home e-mail Address

Describe your job duties:

Work e-mail Address

Student's work schedule Total hours/week

IMPORTANT:

I understand that in order to receive credit for Work Experience Education, I must:

- a) be enrolled in the appropriate Work Experience section. After review of your application, you may be transferred to a new section.
- b) not exceed in taking more than a total of 16 Work Experience units, including a maximum of six General Work Experience units.
- c) work 75 hours paid employment per unit; work 60 hours volunteer work per unit.
- d) notify Work Experience instructor of any job changes.

Print Name Here

Signature

Date

Coordinator use ONLY

Application approved _____
Coordinator

Assigned Instructor _____

Number of Units & Section # _____

Prior Work Experience Units _____

Occupational/Career Related _____

General Work Experience _____