

WORK EXPERIENCE EDUCATION APPLICATION

Please PRINT Legibly

- Fall
- Summer
- Spring 20 _____

Student ID number _____ Career Goal/College Major _____

Name (Last, First MI)

Employer (name of company or worksite)

Address (Number & Street, Apt.#)

Work Address

City State Zip

City State Zip

Home Phone () _____

Supervisor's name

Work Phone () _____

Phone () _____

Cell # () _____

Fax () _____

Home email address

Supervisor's email address

Work email address

Description of job duties _____

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 a total of 16 Work Experience units, including a maximum of six General Work Experience units.
- c) work 75 hours of paid employment per unit; work 60 hours of volunteer work per unit.
- d) notify Work Experience instructor of any job changes.

PRINT Name Here

Signature

Date