



# WORK-BASED EDUCATION APPLICATION

To be completed by student.

## Student Information (attach a current resume to this form)

Date: \_\_\_\_\_

High School: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City and Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Emergency Contact Information (during school/work hours):

- Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

NCCTC Program: \_\_\_\_\_

- Enrolled in AM \_\_\_\_\_ PM \_\_\_\_\_

Will you be driving to the worksite? YES \_\_\_ NO \_\_\_

- If yes, you are required to complete the Work-Based Learning Driving Permission Guidelines and Agreement Form and obtain the necessary documents and signatures.

### Type of Training Experience

- Paid Capstone / Co-op
- Unpaid Work Experience\*
- Job Shadow
- Summer Internship
- STR Apprenticeship

\*Limit of 45 hours per specific training experience.

## Training / Employment Information

- What is your career goal(s) as indicated on your local school Education Development Plan (EDP)?  
\_\_\_\_\_
- How has your education and other experiences prepared you for a work-based education opportunity?  
\_\_\_\_\_  
\_\_\_\_\_
- List in order of preference, the kind of work you are seeking in which you have interest, experience, training, or that supports your career goals:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- List any specific employers for whom you wish to work: \_\_\_\_\_  
desired work hours: \_\_\_\_\_
- List special skills you have and/or kinds of machines you can operate, which relate to the type of work you desire: **(Also, attach a current resume.)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- List community activities, school projects, or athletics you are involved in:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List jobs/work experience you have had, listing the most current first:
- | NAME OF EMPLOYER | LENGTH OF EMPLOYMENT | TYPE OF WORK |
|------------------|----------------------|--------------|
| a. _____         | _____                | _____        |
| b. _____         | _____                | _____        |
| c. _____         | _____                | _____        |
8. Are you currently working? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, Company Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone No.: \_\_\_\_\_
  - What days and hours are you working? \_\_\_\_\_

**Responses to Questions 9, 10, 11, and 12 Are Voluntary**

9. Ethnic Group: \_\_\_\_\_ African/American \_\_\_\_\_ Asian/American \_\_\_\_\_ Hispanic/American  
 \_\_\_\_\_ Native/American \_\_\_\_\_ White \_\_\_\_\_ I prefer not to respond
10. Do you have a physical or mental impairment, which substantially limits or prevents you from performing a job without special considerations? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. List two school or work related references:
- a. \_\_\_\_\_ Phone: \_\_\_\_\_
- b. \_\_\_\_\_ Phone: \_\_\_\_\_
12. Counselor, teacher, and/or administrator recommendations or comments and signature:

\_\_\_\_\_

Print Name of Person Making Recommendation      Signature of Person Making Recommendation      Date

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disability Act of 1990, it is the policy of the Newaygo County Regional Educational Service Agency that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, disability, age, height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program or activity or in employment. In addition, arrangements can be made to ensure that the lack of English language skills is not a barrier to admission or participation.

**Student Academic Progress – Counselor Section**

Time of day and days that student is in the classroom at the high school:

\_\_\_\_\_ to \_\_\_\_\_ : \_\_\_\_\_  
 (Example: 8:00 a.m. to 11:30 a.m.)      (Monday - Friday)

- Yes     No    The student has held a conference with the school principal and/or counselor.
- Yes     No    The student is on track for graduation.
- Yes     No    The student's attendance is acceptable.
- Yes     No    The placement is related to the student's career goals.
- Yes     No    The student's EDP is on file and a copy is attached to this application.
- Yes     No    The student's transcript is on file and a copy is attached to this application.

\_\_\_\_\_

*Signature of Principal, Counselor, or Designee*

I hereby authorize the Newaygo County Regional Educational Service Agency, Newaygo County Career-Tech Center, or the local high school, to furnish information concerning myself to prospective work-site employers and other organizations and agencies as permitted by state and federal law.

\_\_\_\_\_

STUDENT SIGNATURE      PARENT/GUARDIAN SIGNATURE      DATE