

# CTE CO-OP APPLICATION

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

Student Name: \_\_\_\_\_

CTE Program: \_\_\_\_\_

Student Email: \_\_\_\_\_

Home School: \_\_\_\_\_

Home Address: \_\_\_\_\_

*(Street, City, State, Zip Code)*

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Student Cell # \_\_\_\_\_

What is your major career objective? \_\_\_\_\_

What are your plans after high school? \_\_\_\_\_

If under 18 years of age, do you have a work permit? YES NO If Yes, Permit # \_\_\_\_\_

Permit Date \_\_\_\_\_

Are you currently employed? YES NO (if yes, please complete below)

- Place of Employment: \_\_\_\_\_ Type of Business: \_\_\_\_\_
- Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_
- Address \_\_\_\_\_ Phone # \_\_\_\_\_
- Current Wage \_\_\_\_\_

If currently **unemployed**, in what type of business would you prefer to work?

\_\_\_\_\_

If currently **employed**, and interested in changing jobs, in what type of business would you prefer to work?

\_\_\_\_\_

Do you have a driver's license or State ID? YES NO

If YES, please provide the License or I.D. Number: \_\_\_\_\_

Will you have access to transportation for work? YES NO

Student Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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