



Chestatee High School
East Hall High School
Flowery Branch High School
Johnson High School
Lanier Career Academy
North Hall High School
West Hall High School

CAREER RELATED EDUCATION

WORK-BASED LEARNING PROGRAM

APPLICATION PACKET

Student Name

School

Career Cluster Area of Interest

Work-Based Learning Program Application Process

Admission Requirements

- Have an identified career goal.
- 16 years or older.
- Have a valid picture ID card.
- A junior or a senior in good standing with the school system.
- Be willing to take high school and technical/college courses related to future employment within the identified career area.
- Provide own dependable transportation.
- Have three acceptable recommendations.
- Be on track for graduation.
- Willing to submit to all health related screenings required by the sponsoring employer.

*** Exceptions to written criteria may be appealed to the Review Committee by contacting the Career Related Education Specialist (Work-Based Learning Coordinator) for your high school.**

Application Form Directions

- The application form must be fully completed.
- All information should be neat, accurate and readable.
- Incomplete applications will not be processed.
- Once your application is screened and approved, you may be sent to potential training sites for shadowing and interviewing.

Recommendation Forms

- Complete the top portion of the form.
- Deliver the form to the appropriate teacher or business person.
- Teachers or business person should return the form to the appropriate Career Related Education Specialist (Work-Based Learning Coordinator) contact person.
- Three recommendations should be completed.

Other Required Information

Please submit the following documents with this application form:

- A copy of your high school transcript
- Resume
- Reference Page

NON-DISCRIMINATION POLICY: It is the policy of the School Boards participating in the Work-Based Learning Program to offer the opportunity to students to participate in appropriate programs and activities without regard to color, creed, national origin (Title VI of the 1972 Educational Amendments), handicap (Section 504 of the Rehabilitation Act of 1973 and PL94-142) or sex (Title II of the Educational Amendments of 1976 and PL194-482).

WORK-BASED LEARNING PROGRAM APPLICATION

Date:

Indicate career/job interest:

Student Name:

Student ID#:

E-mail Address:

Please list any courses you have complete (example: Technical/Vocational), work experience, or training and skills you have which will aid us in evaluating your qualifications for the Work-Based Learning Program.

Computer Experience: Good Fair Limited
Keyboarding Skills: Good Fair Limited

Please list your school/community activities, honors received and offices held.

Do you have any responsibilities or obligations that could interfere with your ability to commit time after normal school hours to this program (for example: sports, school or community activities, part-time job, family/childcare)? Yes No

If you checked YES, please describe.

In 50 words or less, explain how you think the Work-Based Learning Program experience will help you.

Student/Parent Information:

Student Name: Social Security #:
Address: City: Zip Code:
Home Phone: E-Mail:
School: Birthdate:

Parent/Guardian Name:
Address: City: Zip Code:
Home Phone: E-Mail:
Business Phone: Place of Employment:

Alternate Parent/Guardian/Contact Person
Name:
Address: City: Zip Code:
Home Phone: E-Mail:
Business Phone: Place of Employment:

Certification

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that – if selected for the Work-Based Learning Program, falsified statements may be grounds for removal.

I authorize investigation of all statements contained herein, the references listed in this application, all information concerning previous employers, and release all parties from liability for any damage that may result from furnishing the same to you.

Authorization to Release Information

As parent/guardian of the below named student, or the below named individual if 18 years old, I hereby authorize the Career Related Education Specialist (Work-Based Learning Coordinator), representing an approved school system, to release only school related information and records for the following individual:

_____	_____	_____
Student Name	Birthdate	Social Security Number

as it pertains to the Work-Based Learning Program and the participating schools. I understand and agree to the above statement.

_____	_____	_____	_____
Student Signature	Date	Parent Signature	Date

_____	_____	_____	_____
School Administrator	Date	Career Related Education Specialist	Date