

Cherokee County School District Work-Based Learning Student Application Information

I. Personal Data

Student's Full Name:	Student ID Number:	Date of Birth:	Current Age:
High School:	Current Grade:	Last 4 digits of Social Security #	
Home Address:	City:	State:	Zip Code:
Student's Email:	Home Telephone:	Cell Phone:	
Career Pathway Interest:			
Do you have any responsibilities or obligations that could interfere with your ability to commit time after normal school hours to this program (i.e., sports, school, community activities, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____ _____			
What time will you be available to work each day: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____			
Would you be available to work on weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Could you drive to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you available for summer employment: <input type="checkbox"/> Yes <input type="checkbox"/> No			

II. Academics

List two teachers who are familiar with your scholastic and work performance that you would ask to recommend you for this Work-Based Learning Program:	1.	
	2.	

III. Work Experience

List previous work experience (<i>starting with the most recent and working backwards</i>)(<i>Include related volunteer and community activities</i>):				
Job Title	Employer/ Name of Firm	Description of Duties	Dates Employed	Reason for Leaving

