Baltimore County Public Schools

Work Experience Application

Date: _____ Guidance Counselor: _____ Present Grade: _____

Personal Information:

Name: _____ Social Security #: _____-____-_____

Last First M.I. Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.: ( )_____ E-mail: _____

Parent(s)/Guardian(s)

Father/Male Guardian: _____ Employer: _____

First Last Work Phone: _____

Mother/Female Guardian: _____ Employer: _____

First Last Work Phone: _____

Employment Data:

What, if any, school activities do you plan to participate in next year? _____

What are your career goals? _____

How do you plan to get to your job site? _____

List specific occupation(s) in which you would like to receive experience: _____

_____

Do you have a prospective employer? _____

Company: _____ Supervisor: _____

Job Title: _____ Phone #: _____

Work Experience: (List present employer or most recent employer first. Include volunteer work.)

Dates of Employment	Company/Location	Type of Work	Reasons for Leaving

Course Work: **ON THE BACK OF THIS FORM**, list courses completed or presently being taken that you feel are relevant to the position for which you are applying. Please be sure to include any computer or keyboarding courses.

Please sign below to signify the student's request and the parent's/guardian's approval to apply for the Work Experience program.

_____ _____

Student Signature *Date* *Parent/Guardian Signature* *Date*