



Career Programs Application

Please complete all blanks for prompt processing
Return to your High School Career Navigator

Date ____/____/____
MM / DD / YYYY

Please select one or both: ☐ **Job Shadow (grades 9-12):** One time visit for 1-4 hours
☐ **Internship (grades 11-12):** Semester long experience that replaces 6th and 7th

**Please note that student needs to be in good standing and on track to graduate (attendance, credits, discipline)*

Name _____
Last First Middle

Cell Phone (____) _____ Email _____

Plans after
graduation _____

Prospective College _____

Are you employed? •Yes • No If so, name of the company in which you work _____

Emergency contact: _____
Name Cell Phone Work Phone Relationship

Top Career Interest Areas

1 st Choice	2 nd Choice	3 rd Choice

Do you have transportation (circle below)?

YES NO

Applicant's Authorization and Agreement

I understand that any omissions or misstatements made by me on this application may be cause for my application to be declined. I understand that all information will be verified. I declare that all the statements I have made on this application are true, correct and complete to the best of my knowledge.

Applicant's Signature _____ Printed name _____

Teacher Sponsor's Signature _____ Printed name _____

Parent's Signature _____ Printed name _____

****Please note that a Liability Release form must be completed to participate as well***

