



Student Application

Personal Data (Please print)

<b>Last Name:</b>	<b>First Name:</b>
<b>Address:</b>	<b>Postal Code:</b>
	<b>Telephone:</b>

Prerequisite Courses

- HCS3000: Workplace Safety Systems \_\_\_\_\_  
Date completed
- Workplace Readiness 10-4 may be used in lieu of HSC3000 for students enrolled in Knowledge & Employability courses.

Second Work Experience Program taken by student

Recommended:

- CTR 1010: Job Preparation \_\_\_\_\_  
Date Completed

Third Work Experience Program taken by student

Recommended:

- CTR 3010: Preparing for Change \_\_\_\_\_  
Date Completed

Students Enrolling in Registered Apprenticeship Programs

Recommended:

- HCS 3010: Workplace Safety Practices \_\_\_\_\_  
Date Completed

Student Enrolling in the Green Certificate Program

Prerequisite:

- AGR3000: Agricultural Safety \_\_\_\_\_  
Date Completed



**Off-Campus Education Program**

Please indicate three work site choices that you would prefer:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have a specific place in mind? \_\_\_\_\_

If accepted into the program, what method of transportation will you use to get to your place of employment?

- Car
  Public Transportation
  Other

**Employment Record**

Employer	Type of Work	Duration	
		From	To
1.			
2.			
3.			
4.			
5.			
6.			

Do you presently have a part-time job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are you willing to rearrange part-time job hours to accommodate off-campus education commitments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Relevant Courses**

Please list any courses you have taken that may be relevant to your work site choice:

\_\_\_\_\_

**Extracurricular Activities**

List any extracurricular activities, volunteer work or outside organizations you are/were involved with:

Dates	Organization	Type of Involvement
From	To	

List special skills, courses, certificates, hobbies, interests, etc.:

\_\_\_\_\_

\_\_\_\_\_



**Future Plans**

Please indicate your current plan for after senior high school.

- Work       University       Community College       Apprenticeship

Please describe your long-range career plans:

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**Rationale**

Briefly explain why you are interested in the off-campus education program:

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

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date