

Student Learner Information

Last Name: _____ EDP Match: _____

First Name: _____ JACC Program: _____

Address: _____ Session: AM PM

City: _____ Zip: _____ 1st Year 2nd Year

Student Email: _____ Sending School: _____

Student Cell: _____ Grade: _____

Emergency Number: _____ Birthdate: _____

Age: _____

Employer Information

Employer: _____ City: _____

Address: _____

Phone: _____ Fax: _____ Zip: _____

Contact Person: _____ Zip: _____ Wage: _____
(if applicable)

Contact Email Address: _____

Job Duties (Co-op Placement Only): _____

Site Visit WC/LI or I/C

Placement Information

Start Date: _____ End Date: _____

Desired Schedule:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Start Time:							
Ending Time:							

* Note: Hours to be worked cannot exceed 24 hours per week when school is in session for students ages 16 & 17
 * Minors may not start work before 6:00 am every day and not after 10:30 pm (Sun - Th) and 11:30 pm (Fri - Sat)
 Filling out an application does NOT assure a student of a job or credit

Instructor Signature

By signing this application the instructor agrees that the student has completed the following:

At least 6 segments of curriculum delivery

Maintained a "C" or better for the given segment delivery

Instructor Recommendation

Student Provided safety training

 Instructor Signature
 (signature is needed for all applications)

 Date