OJT/Cooperative Education

Directions: In order to ensure that your application is processed, print clearly, complete all sections, and attach a copy of your pay stub to this form.

OJT Release Periods Requested (up to two): ☐ 1st period ☐ 2nd period ☐ 7th period ☐ 8th period

STUDENT INFORMATION				
Date of Birth	**Student ID#**	**First Name**	**MI**	**Last Name**

Street Address	**Apt#**	**City**	**Zip**

Parent Phone:	**Student Phone:**
E-mail address:	**Do you currently drive? YES NO**
Current Age: Current Grade:	**Do you have an IBHS parking permit? YES NO**
Are you enrolled in an Academy? If yes, which one -	**Are you willing and able to enroll in a Business Academy course?**

EMPLOYMENT INFORMATION	
Business Name	**Your Job Title:**

Worksite Address (complete address)	**City**	**Zip**

Supervisor's Name and Title:	**Worksite Phone:**
Hire Date:	**Approximately how many hours do you work per week?**

Describe your job duties:

ADDITIONAL REQUIRED INFORMATION
Explain, in complete sentences, why you desire to be in the OJT/Cooperative Education Program:
Teacher Recommendation: ***Please ask a teacher to comment about you. (ie: character, work ethic, attendance, etc.)***

Teacher's (PRINTED) Name _____ **Teacher's Signature** _____ **DATE**

Student's Signature _____ **DATE** **OJT Coordinator's Signature** _____ **DATE**

*Completion of this form does not guarantee admittance into the Cooperative Education Program.

Return this form to Mrs. Hein, room 223