



Delaware Valley High School Cooperative Education Program Student Application

***Please PRINT in BLACK/BLUE ink**

Date _____ Age _____ Sex: M F

Name _____ Date of Birth _____

Address _____ State _____ Zip _____

Preferred Phone: Home/Cell _____ Phone _____

Email Address: _____

Parent/Guardian:

Name _____ Phone Number _____

Work Experience:

Are you currently working? YES NO If so, where? _____

Job Title: _____ Supervisor: _____

Address: _____ Phone No.: _____

Duties Performed: _____

Amount Paid/Hr: _____ \$ _____

Previous Work Experience:

Job Title: _____ Supervisor: _____

Address: _____ Phone No.: _____

Duties Performed: _____

Amount Paid/Hr: _____ \$ _____ Reason for Leaving: _____

If currently unemployed: in what business would you prefer to work: _____

Do you have a work permit? ___No ___Yes Permit No. _____ Permit Date ___/___/___

Do you have a driver's license? _____ Yes _____ No

Will you have access to a car each day? _____ Yes _____ No

What program are you applying for? Capstone/CTE _____ Diversified Occupations _____

Why are you applying for this program?

Major Career Interest _____

Plans after high school _____

School/Extra Curricular Activities you plan to be involved during senior year:

List any community activities you may be involved in:

List any CTE or Business courses or you have successfully completed and grade you received:

Course Name

Grade Earned

List three (3) references who would recommend you for this program or serve as a reference for you.

References will be contacted by Miss Yanko. Please print three teacher's names below. They must also complete a reference sheet. If in a CTE Program one reference must be your CTE instructor.

1. _____ 2. _____ 3. _____

To Student:

I understand that if I am accepted into the Cooperative Education Program, I must provide my own transportation to and from work.

To Parent:

I hereby give my consent for my son or daughter to apply to the Cooperative Education Program and will cooperate fully with the school to ensure that my son/daughter will have a successful training program if accepted.

We hereby authorize the release of all necessary school records to prospective employers contacted by the coordinator of the Cooperative Education Program.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

NOTE: Completing this application does not guarantee that you are accepted into the program. To be in the program you must have a job relating to your career interest (Diversified Occupations Program) or an extension of your CTE program (Capstone.)