

Davis/Morgan Region Work Credit Program

STUDENT APPLICATION – Fill out Completely*** This form is for IN SCHOOL use only. Please DO NOT take this to your employer! *****PERSONAL DATA**

Application Date _____

Student Name _____

Cell Phone _____

Age _____ Birthdate ____/____/____ Home Address _____

{Month / Day / Year}

City _____ State _____ Zip _____

Parent(s)/Guardian Mother _____ Father _____

Student Number _____

Grade: 11 12

EMPLOYER (Company Name)

Beginning Date of Employment _____

Address _____

Scheduled Hours/Days _____

City, State, Zip _____

Hours Per Week _____

Phone _____

Wage Per Hour _____

First & Last Name of Employer/Supervisor _____

Supervisor E-mail: _____

List the duties you perform:

1. _____ 2. _____

3. _____ 4. _____

CAREER INTEREST

Career Goal: _____

PLEASE RETURN THIS
APPLICATION TO
Lindsay Porter
in the Career Center

SCHEDULING

Check the program you are enrolled in:

☐

DTC

☐

Day School

☐

Independent Study

Advisor _____

Have you received Work Based Learning Credit before? Y N
If yes, where?

I have prepared this application accurately and completely. If I am selected for this program, I will take full advantage of every opportunity to improve my skills and efficiency in both the classroom and in the world of work.

Signature of Student _____

Accept ☐Decline ☐