

Clayton A. Bouton High School



Jennifer Wademan
Work Experience Coordinator

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CAREER EXPLORATION INTERNSHIP PROGRAM ENROLLMENT FORM (Please print clearly)

PERSONAL INFORMATION:

NAME (Last, First)

AGE

DATE OF BIRTH

EMPLOYMENT CERTIFICATE NUMBER

SOCIAL SECURITY NUMBER

ADDRESS (Street, Town, Zip)

HOME PHONE #

YOUR EMAIL ADDRESS

PARENT/GUARDIAN NAME

PARENT WORK NUMBER AND EMAIL ADDRESS

SCHOOL INFORMATION:

Your DAILY SCHEDULE:

GUIDANCE COUNSELOR: _____

<u>Period</u>	<u>Course Name</u>	<u>Teacher</u>	<u>Room #</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			

CAREER AND TECHNICAL EDUCATION COURSE (S) you have PREVIOUSLY taken and PASSED:

Course Name

Teacher

Semester/Year

NUMBER OF ABSENCES DURING CURRENT SCHOOL YEAR: _____

PAST YEAR: _____

NUMBER OF DAYS TARDY: _____

HAVE YOU EVER BEEN SUSPENDED FROM SCHOOL? _____ REASON: _____

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WORK INFORMATION:

COMPANY NAME

IMMEDIATE SUPERVISOR'S NAME

ADDRESS (Street, Town, Zip)

TELEPHONE #

YOUR JOB TITLE (i.e. cashier, stock person, clerk)

DUTIES: _____

Please list the hours you work in a typical weekly schedule. If the schedule is fixed (never changes) please state that. If your schedule fluctuates (changes), annotate that as well.

Circle one: **FIXED** **FLUCTUATES**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

VOLUNTEER EXPERIENCE, EXTRACURRICULAR ACTIVITIES AND SPORTS

DETAILS: _____

SPECIAL PROJECT/RESEARCH WORK:

DETAILS: _____



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TRANSPORTATION

Please check the appropriate response.

Do you have a license? **YES** **NO**

If YES, which license do you have? **Full License** **Junior License** License # _____

Do you drive to school? **YES** **NO**

If you do not have a license how do you plan on getting to and from your internship? _____

CAREER EXPLORATION INTERESTS:

BUSINESS

RETAIL

HEALTH CARE

EDUCATION/CHILD CARE

HOTEL AND RESTAURANT MANAGEMENT

MECHANICAL AND TRADES

COMPUTERS AND ELECTRONICS

COMPUTER GRAPHICS/ART/ARCHITECTURE

TELEVISION PRODUCTION

OTHER: _____