APPLICATION FOR PLACEMENT SERVICES
TBAISD Career-Tech Center

NAME _____
(Last) (First) (Initial)

ADDRESS _____
(Number/Street) (City) (Zip)

CELL PHONE _____ **HOME PHONE** _____

HOME SCHOOL _____ **GRADUATION DATE Mo/Yr**

When will you be 18? ___/___/___ **Birthdate** ____/____/____

Career-Tech Center Program(s)	**Years attended**	**Session AM/PM**
1.		
2.		

List the classes you took at your home school which relate to your CTC class:

_____

Type of work desired (that you are qualified or trained for):

1. _____ **2.** _____

Are you currently employed? ( ) yes ( ) no
Where? _____

Do you have a job for the summer? ( ) yes ( ) no
Where? _____

Have you been on Co-op before? ( ) yes ( ) no
Where? _____

Have you been on Work Exploration before? ( ) yes ( ) no
Where? _____

What is your career goal? _____

_____

PAID WORK EXPERIENCE (List most recent first)

PAID WORK EXPERIENCE (List most recent first)
-List unrelated, as well as related work

Date Started (mo/yr)	**Date Ended (mo/yr)**	**Name of Company and Supervisor and City Located**	**Your Job Title and Duties**

Additional Information or comments:

_____

_____

Emergency Contact -- Name of Parent or relative who would know how to reach you:

NAME _____
(Last) (First)

RELATIONSHIP _____ **TELEPHONE** _____

_____ _____
(Signature) **(Date)**