

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 Years attended Session  
Program(s) 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)