



## 2016-2017 Career Start Application

### *Student's Information*

Student's Name:		
Street:		
City:	State:	Zip Code:
Phone Number:		
School Name:	Grade:	

### *School Information*

School Contact's Name :	Title:	
Phone Number:	Email:	
School Address (Street):		
City:	State:	Zip Code:

### *Emergency Contact Information*

Name:	Relationship to you:	
Street:		
City:	State:	Zip Code:
Phone Number:		

Have you ever had any work experience?

(Circle one) YES      NO

If you answered yes, what is the name of your previous employer and what dates did you work there? Write in the space provided below. If you still work there, write "present" next to their name:

Name of Employer	Dates of Employment

1. What do you hope to get out of this program?

2. What area would you like to work in?

- 1<sup>st</sup> choice \_\_\_\_\_

Why? \_\_\_\_\_

- 2<sup>nd</sup> choice \_\_\_\_\_

Why? \_\_\_\_\_

3. What days and times are you available? \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Comments: Please let us know any things that you and your teachers think we should know about you that will help you succeed: