

Gervais High School

Work Experience for Credit - Application

[This application must be completed for each school term that credit is earned, unless the employment remains the same]

Student Name _____ Grade _____ Date _____

School Term/Dates During Which Credit Will be Earned: _____

Place of Employment _____

Supervisor's Name* _____ Business Phone number _____

Supervisor's Title _____

Business Address _____

Estimated # of Hours to be worked per week** _____

When during the week will this work experience generally occur? _____

Please describe the work you (will) do and the job responsibilities expected of you.

List 2 of your personal strengths that can be applied to this career/position.

A. _____ B. _____

Describe how you can use each of these strengths on the job.

A. _____

B. _____

What do you anticipate will be the hardest part of working at this career/in this position?

Describe what you can do to overcome this?

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(2)

Essential Skills

Which essential skills (printed on the "Work Experience for Credit" Overview page) do you expect to develop during this term of employment and which of your job responsibilities will assist in that development? (List as many as apply, more is better)

<u>Skill</u>	<u>Description of Job Responsibility</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

Student Signature _____

Parent Signature _____

Principal Signature _____

Employer/Supervisor Signature* _____

[**Please sign only if you expect this student to be able to complete 60 hours of work during this school term]

*Supervisor may not be a relative