



Career Path Application 2017

Trainee Information

Trainee Name:		
Street:		
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	
Email Address:		
Preferred Method of Contact (cell phone, home phone, or email):		
School/Agency Name:	Date of Birth:	

School/Agency Information

School/Agency Contact's Name :	Title:	
Phone Number:	Email:	
School/Agency 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. Which program/enrollment Period are you applying for? (Check One)

Spring Enrollment (5 months)

Fall Enrollment (full academic year for high school seniors)

3. What days and times are you available? _____

T-shirt size: _____

Comments: Please let us know any things that you think we should know about you to help you succeed:
