Edison Co-op/Internship Application

Personal

Name: _____ DOB: ____/_____/_____
Address: _____
_____

Home Phone: (_____)_____Cell Phone: (_____)_____
Student E-mail: _____

Driver's License: _____(Y/N) Do you own your own car? (Y/N)
Working Permit: _____(Y/N)
Father's Name and Work #_____
Mother's Name and Work #_____
Guardian's Name and Work #_____

Employment

Employed currently? _____ (Y/N) If yes, companies name: _____
Hrs. worked/week: _____ Company's address: _____
_____
Supervisor's name and contact: _____

Academic

Junior/Senior (circle one) Current GPA: _____ How many F's last MP? _____

CTE Pathway: _____
Career interest: _____ (could be the same as CTE pathway)

CTE teacher recommendation? _____(Y/N)
CTE teacher signature for recommendation: _____ Date: ____/_____/_____

Student needs to have an "A" or "B" in CTE program with 93% attendance and good participation for this recommendation

Statement of intent

By signing below, students and parents/guardians agree to attend all program workshops and seminars to the best of their ability and participate fully in the co-op/internship program offered at Edison. It is understood that acceptance into the co-op/internship program is dependent on student completing training workshops and interviewing successfully.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____