

*To secure your spot, please be sure to return this completed application into
Mr. Anders in Room C219.*

FRANCIS HOWELL WORK PROGRAM APPLICATION

Check Program of Interest

Marketing (Anders) _____

Business _____

How many hours per week do you intend to work throughout the school year? _____

Personal Information

Name _____

Address _____

City _____ ZIP _____

Phone # _____ Birth date _____

E-mail address: _____

Social Security # _____

Do you have a driver's license number? _____ *If not, do you have transportation available?* _____

List your **Semester II** Class Schedule for this year

<u>Hour</u>	<u>Course</u>	<u>Teacher</u>	<u>Room #</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

In the space below, describe yourself—include hobbies, strengths, weaknesses, honors, community activities, etc.

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Education

Current GPA _____ Tardies to date (this year) _____
Cumulative GPA _____ Absences to date (this year) _____

What classes have you taken at Francis Howell High School that relate to your Cooperative Education Program of interest (i.e. Business classes/Marketing).

	<u>Course</u>	<u>Teacher</u>	<u>Grade Earned</u>	<u>Year Taken</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

What club or school activities have you participated in at Francis Howell High School?

Describe your plans for after graduation:

Please give the attached recommendation forms to three teachers of your choice. The teacher should turn it into the work program teacher checked on the first page. List the names of these 3 teachers.

1) _____ 2) _____ 3) _____

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Work Experience

Are you currently employed? _____

If so, do you wish to keep this job for your entire senior year as required by the work program? _____

Name of Business _____

Address _____

Phone # _____ Manager's Name _____

Date Started _____ Average hours worked per week _____

Describe your job responsibilities:

*If you are not currently employed or do not wish to keep your current job, what type of job are you
interested in obtaining?*

Past Work Experience:

<u>Name of Business</u>	<u>Duties</u>	<u>Dates of Employment</u>

I understand that this is my application for enrollment into the Cooperative Education Work Program, and if I am selected, I will accept the responsibilities required by both the school and the employer, including being an active member in a vocational club (DECA/FBLA). I also understand my parents must be aware of my application into this program.

(Signatures are required by both the applicant and parent)

Signature of Applicant _____ Date _____

Signature of Parent _____ Date _____

***The Francis Howell School District's Cooperative Education Programs do not
discriminate against students on the basis of race, color, national origin, sex, or
physical limitation.***

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Francis Howell High School
Work Program Evaluation



Evaluation completed by _____ Date Given to Teacher _____
(Teacher's Name)

Please return this completed application to: Mr. Anders C-219 Mrs. Sewing C-215

_____ (Student Name) has made an application for participation in the Cooperative Work Education Program. Your assistance in evaluating this student will be greatly appreciated. Please review the following traits and rate the student. You can feel free to add any other comments that may be beneficial in better understanding this student. Extensive consideration will be given to your evaluation. Be assured that this form will be held in strictest confidence. **Please return this form to the Work Program teacher that is circled above.**

TRAIT	POOR	AVERAGE	GOOD
Appearance			
Attitude			
Cooperation			
Dependability			
Stability			
Self-discipline			
Initiative			
Thoroughness			
Relations with Others			
Quality of Work			

What class or classes has this student taken under your supervision and what grade(s) did he/she receive?

Class: _____ Grade: _____

Class: _____ Grade: _____

Other Comments

Evaluating Teacher's Signature: _____