

# AUTAUGA COUNTY TECHNOLOGY CENTER WORK-BASED LEARNING APPLICATION

**PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.**

|   |               |                     |                      |                     |
|---|---------------|---------------------|----------------------|---------------------|
| Homeroom Teacher _____  |               |                     |                      |                     |
| Date _____  |               |                     |                      |                     |
| Name  |               |                     |                      |                     |
| Last  |               | First               |                      | Middle              |
| Present Address   |               |                     |                      |                     |
| Number  |               | Street              |                      | City                |
|   |               |                     | State                | Zip                 |
| Social Security No. (last 4) [      ]   |               | Home Phone (      ) |                      | Cell Phone (      ) |
| Age   | Date of Birth |                     | Email                |                     |
| Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No   Do you have access to a car/other mode of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                     |                      |                     |
| Career/Technical Program or Class Enrolled In   |               |                     |                      |                     |
| Career/Technical Program or Class Taken Previously  |               |                     |                      |                     |
| Career Objective: 1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____   |               |                     |                      |                     |
| Parent/Guardian Name  |               |                     | Parent Cell (      ) |                     |
| Parent/Guardian Email   |               |                     |                      |                     |
| Where are you employed?   |               |                     |                      |                     |
| Address   |               |                     |                      |                     |
| Name of supervisor  |               |                     |                      |                     |
| Work number (      )  |               |                     | Date of Hire         |                     |
| Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No   |               |                     |                      |                     |
| Do you have health issues that would interfere with your regular attendance on a job? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please explain.                                      |               |                     |                      |                     |

### Current Class Schedule

|                        | Class | Teacher | Approximate Grade |
|------------------------|-------|---------|-------------------|
| 1 <sup>st</sup> Period |       |         |                   |
| 2 <sup>nd</sup> Period |       |         |                   |
| 3 <sup>rd</sup> Period |       |         |                   |
| 4 <sup>th</sup> Period |       |         |                   |
| 5 <sup>th</sup> Period |       |         |                   |
| 6 <sup>th</sup> Period |       |         |                   |
| 7 <sup>th</sup> Period |       |         |                   |

List the names of three teachers to whom you will give recommendation forms. One must be your current or previous career/technical teacher.

1. \_\_\_\_\_ (Career/Technical Teacher)
2. \_\_\_\_\_
3. \_\_\_\_\_

**To the Student:**

Work-Based Learning provides an opportunity to be considered for employment/training in business and industries in our area. When you enroll in Work-Based Learning, you indicate that you are sincerely interested in **putting forth your best efforts** to receive work-based experience. If you accept this responsibility, please sign in the space provided.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the Parent/Guardian:**

Do you consent to your child entering Work-Based Learning, providing **transportation**, and agree to cooperate with the school and the training agency in making the training and education of the greatest possible benefit to your child? If so, please indicate your support and approval with your signature.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**INTERVIEW (to be conducted after 3 recommendation forms are received)**

**Career and Technical Courses that determine student's eligibility for participation:**

1. \_\_\_\_\_
2. \_\_\_\_\_

Verified:       Course(s)       Attendance       Discipline       GPA

Place of employment \_\_\_\_\_

Job Title \_\_\_\_\_

Apprenticeship (paid employment)

Internship (volunteer)

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Status of Application:       Pending       Approved       Not Approved

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**EQUAL EDUCATION OPPORTUNITY STATEMENT**

It is the policy of the Autauga County Board of Education that no student shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of sex, age, marital status, race, religion, belief, national origin, ethnic group, disability, immigrant status, non-English speaking ability, homeless status, or migrant status and provides equal access to the Boy Scouts and other designated youth groups.

Mrs. Tisha Addison, Coordinator for Section 504  
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Mrs. Nancy Jackson, Coordinator Title IX  
Nancy.Jackson@acboe.net

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