



Eau Claire Area School District INTERNSHIP (Co-op & Youth Apprenticeship) APPLICATION

If you need help with these materials, please call your child's school, or 852-5383.

Yog koj xav tau tsab ntawv nov txhais ua lus Hmoob, thov hu xov tooj rau koj tus menyuam lub tsev kawm ntawv/852-5383.

Si Ud. necesita ayuda con los materiales, por favor llame Ud. a la escuela de su hijo o hija, o 852-5383.

Section One: General Information

(Please PRINT or type)

Name: _____

High School: (circle) Memorial North

Current Grade Level: _____

Please circle the Internship program for which you are applying:

- | | |
|--|--|
| Agriculture | Financial Services |
| Automotive Collision | Graphic Arts – Printing |
| Automotive Technician | Health (CNA) |
| Business & Information Technology | Hospitality, Lodging & Tourism |
| Drafting & Design: Architecture | Information Technology: Computer Science |
| Drafting & Design: Engineering | Marketing |
| Family & Consumer: Child Care or Food Services | Technology (Construction) |

Address: _____ City: _____ Zip: _____

Phone: (home) _____ (cell) _____

E-mail address: _____

(must be an address that you check regularly!)

Date of Birth: _____

Parents/Guardians names: _____

Address (if different): _____

Phone (if different): _____

Section Two: School Information

Current GPA: _____

Number of absences to date this year: _____

Reasons for absences: _____

List courses you **have taken** related to the internship program for which you are applying:

_____ Grade earned: _____

_____ Grade earned: _____

_____ Grade earned: _____

List courses you **plan to take** related to the internship program for which you are applying:

What are your post-secondary (after high school graduation) educational or career plans?

Section Three: Extra-Curricular Information

List school activities, community service activities and/or organizations which you are involved in:

List athletic teams or activities which you are involved in (this includes school, community and camps):

Describe any special projects you have participated in or leadership positions you've held within these activities above:

Section Four: Work Experience Information

Please list any previous or current jobs you've held. (List most recent first)

Job Title: _____

Place: _____ Phone: _____

Dates of Employment: From: _____ To: _____

Job Title: _____

Place: _____ Phone: _____

Dates of Employment: From: _____ To: _____

Job Title: _____

Place: _____ Phone: _____

Dates of Employment: From: _____ To: _____

If you are currently working, do you desire to keep your present job? _____

Section Five: Recommendations

Please list three references (one teacher; one coach, advisor or teacher; and one personal, like a family friend). These three individuals must also complete a recommendation form for you.

Recommendation forms must be mailed or faxed to the Internship Coordinator by the application deadline – February 12, 2010.

Name: _____

Phone: _____ E-mail: _____

Name: _____

Phone: _____ E-mail: _____

Name: _____

Phone: _____ E-mail: _____

Section Six: Career Information

Please answer the following questions—this must be typed and submitted with this application on a separate sheet of paper).

1. Describe how your interests relate to this career area. What are your career goals?

2. Describe why you want to participate in the Internship program.

Student Signature: _____ Date: _____

I agree to support my child's participation in the ECASD program and will provide transportation to the employment site if he or she is accepted into this program.

Parent Signature: _____ Date: _____

It is the policy of the Board of Education of the Eau Claire Area School District to forbid acts of discrimination in all matters dealing with students, employees, and with applicants for positions with the school district. It is also the policy of the Eau Claire Area School District, pursuant to s. 118.13, WI statutes, and P19, that no person, on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation or disability, may be denied admission to any school in this District or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extra-curricular, pupil services, recreational, or other program.

If any person believes that the Eau Claire School District or any part of the school organization has failed to follow the law and rules of s. 118.13, WI Stats., or in some way discriminates against pupils on the basis of sexual orientation, or physical, mental, emotional, or learning disability, he/she may bring or send a complaint to the Board of Education at the following address: 500 Main Street, Eau Claire, WI 54701

Notice to Recipient:

Except as permitted by state and federal laws and regulations, the further disclosure in any manner of the records and information disclosed in accordance with the authorization provided by this document and/or their use for purposes other than those for which consent for disclosure was granted is prohibited by law without the written consent of the parent of eligible student. 8/2000

Parent/Guardian Authorization

Date: _____

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Daytime Phone: _____

My child will have transportation to and from a job site by: (Check all that apply.)

Family owned vehicle Student owned vehicle Friends/Relatives

Bicycle Walk Bus Other

I agree to assist my child in meeting the academic and attendance requirements of the program; ensure transportation to and from the work site is provided; and will participate in progress reviews scheduled with my child and school personnel. I understand that the Eau Claire Area School District is not responsible for providing transportation to and/or from the work-site.

Parental Release of Student Records

I, the undersigned, authorize the delivery and disclosure of confidential records and information regarding the above identified student to the school district's coordinator. The specific information to be disclosed includes the following, and as the signee, I have the right to inspect and receive copies of the material to be disclosed.

Grade Point Average Student Transcript Attendance record

I understand that the information identified above will be provided to prospective employers in the Internship program, and will be used to facilitate the potential participation of my son/daughter in that program. I may review any information disclosed and/or withdraw my consent for disclosure at any time. Notice of withdrawal of consent must be sent in writing to the person and/or agency being authorized to disclose the information indicated and will not apply to disclosures made prior to receipt of notice of withdrawal on consent. Information disclosed prior to withdrawal of consent may be used for the purposes indicated above.

This authorization will automatically expire ONE YEAR from the date of signature unless an alternative expiration date is specified in the following blank. Alternative expiration date: / / .

Parent signature: _____ **Date:** _____

Relationship to student: (Check one.) Parent Legally appointed guardian

***Student signature:** _____ **Date:** _____

* Required in the case of students 18 years of age or older who are competent to provide informed consent. Though it cannot be required against the wishes of a competent student 18 or older, parent signature should also normally be obtained so long as the student resides in the parent's home, is dependent on the parents, and has not graduated.

Application Checklist

Please double check this list before turning in your completed application!

The student must:

- ✓ Complete the Eau Claire Area School District Application (this document).
- ✓ Complete the Wisconsin Knowledge and Concept Exam in the 10th grade with satisfactory results.
- ✓ Provide authorization for release of transcripts and attendance records.
- ✓ Meet the recommended minimum grade point average of 2.0 (below 2.0 may be accepted on probation).
- ✓ Be sure that your three (3) references will complete a recommendation form and mail/fax the form to the coordinator.
- ✓ Be prepared for job interviews.
- ✓ Agree to complete applications and/or take pre-employment tests as required by the employer.
- ✓ Agree to abide by the employer's policies and procedures.
- ✓ Have access to transportation to and from employment interviews and sites.

If you have questions or need help completing this application, please contact:

Kristan Motszko
Internship Coordinator
(715) 852-3036
kmotszko@ecasd.k12.wi.us

Applications for the 2010-11 school year are due by February 12, 2010. Please turn in your completed application to Student Services on or before this date.