

WORK EXPERIENCE EDUCATION APPLICATION

50 points Late = 10% per day

PLEASE PRINT OR TYPE LEGIBLY WITH BLACK OR BLUE INK

CHECK: Full Semester 12 Week 8 week DATE: _____ CRN#: _____

of OCED Units: OCED 090 OCED 091
1 2 3 4 5 6

Mr. Ms. Last: _____ First: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone#: _____

WORKSITE INFORMATION*

(Student is to complete this information – not the worksite supervisor!)

_____ Check one: Paid Unpaid Have you completed OCED before? Yes No
Date started at worksite

of hours per week: _____ Shift Time: _____

Company Name: _____ Product or Service: _____

Street: _____

City: _____ State: _____ Zip: _____

Mr./Ms. Supervisor Last: _____ First: _____

Supervisor Email: _____ Supervisor Phone: _____

Best time to contact supervisor: _____

Describe worksite duties (OCED 090 duties must match major. OCED 091 does not):

Declared college major: _____ Is your job related to your major? Yes No

Occupation or Career Goal: _____

How did you hear about Work Experience? _____

*If you are not working or volunteering yet complete the top part of the application and submit by due date. Submit a second completed application immediately upon hire or selection at work site.

Be sure to make a copy to keep for your files before submitting original.

