

# Baltimore County Public Schools Work Experience Application

**Office Use Only:**

Application: \_\_\_\_\_  
 Credit Check: \_\_\_\_\_  
 Transcript: \_\_\_\_\_

Date: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_ Present Grade: \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_  
                     Last                                      First                                      M.I.

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Parent E-mail: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

**Parent(s)/Guardian(s)**

Father/Male Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_  
   First                                      Last                                      Work/Cell Phone: \_\_\_\_\_

Mother/Female Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_  
   First                                      Last                                      Work/Cell Phone: \_\_\_\_\_

With whom do you live? \_\_\_\_\_

**Employment Data:**

What, if any, school activities do you plan to participate in next year? \_\_\_\_\_

What are your career goals? \_\_\_\_\_

How do you plan to get to your job site? \_\_\_\_\_

List specific occupation(s) in which you would like to receive experience: \_\_\_\_\_

Do you have a prospective employer? \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Work Experience:** (List present employer or most recent employer first. Include volunteer work.)

Dates of Employment	Company/Location	Type of Work	Reasons for Leaving

Please sign below to signify the student's request and the parent's/guardian's approval to apply for the Work Experience program.

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

\_\_\_\_\_  
*Parent/Guardian Signature*                      *Date*

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