

PINELLAS COUNTY SCHOOLS  
**CAREER & TECHNICAL EDUCATION**  
**WORK-BASED LEARNING PROGRAM**  
**STUDENT APPLICATION/VISITATION RECORD**

Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
(guardian)

Business Name and Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
(guardian)

Business Name and Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

What type of transportation do you have for work? Car \_\_\_ Parent \_\_\_ Other (Specify) \_\_\_\_\_

Driver's License Number \_\_\_\_\_

School \_\_\_\_\_ Program \_\_\_\_\_ Teacher \_\_\_\_\_

In what type of occupation do you desire training? \_\_\_\_\_

Explain any special needs you may have to be considered in job placement: \_\_\_\_\_

Future goals: (check one) \_\_\_ College \_\_\_ Career/Technical School \_\_\_ Military \_\_\_ Full-time Employment

List any Industry Certifications Earned (use reverse side or additional page if necessary)

Name of Certification	Year	Name of Certification	Year

Previous Employment <small>(list current employer first)</small>	Supervisor's Name	Work Phone No.	Type of Work	Dates Worked

