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

Date

Name	E: -1	Middle		_ Home Phor	ne			
Address				Ce	ell Phor	ne		
City		State	·			Zip Code		
Current Grade Level	Date of Birth							
(guardian)	and Phone							
(guardian)								
What type of transportation do you h	nave for work? Car	Pa	rent	_ Other (Sp	ecify) _			
Driver's License Number								
School	Program _					Teacher		
In what type of occupation do you de	esire training?							
Explain any special needs you may	have to be conside	red in job	placem	ent:				
Future goals: (check one)	College C	areer/Tech	nnical S	chool	_ Milita	ary Full-ti	me Empl	oyment
List any Industry Certifications Earne	ed (use reverse sid	e or additi	onal pa	ge if necessa	ry)			
Name of Certification	Year	Name	Name of Certification Y			Year		
Previous Employment Supervise (list current employer first)		or's Name Worl		Work Phor	ie No.	Type of Work	Dates	Worked

STUDENT WORK-BASED LEARNING AGREEMENT

Realizing the student's performance on the job will reflect upon the student, the school, and the employer, and as a condition for acceptance into the Work-Based Learning Program, we agree to the following:

- 1. Perform duties in the job in a loyal manner, following company policies, guidelines, rules and regulations.
- 2. Adhere to the Pinellas County Schools Student Code of Conduct (found at www. pcsb.org).
- 3. Represent yourself and the company in a professional manner, display a willingness to learn, and adhere to proper grooming and dress.
- 4. Provide transportation to the workplace.
- 5. Maintain at least a cumulative 2.0 average.
- 6. Be physically able to perform the work of the employment.
- 7. Be punctual and in attendance, informing the employer promptly in the event of illness or emergency that prevents attendance.
- 8. Notify the Work-Based Learning Coordinator immediately of any concern, problems, injuries or condition that may impact the Work-Based Learning experience.
- 9. Agree to necessary employer screening required for employment.

We have read and understand our obligations to the Work-Based Learning Program:

10. Be terminated from the Work-Based Learning Program upon withdrawal from school prior to graduation.

Parent/Guardian Printed Name		Parent/Guardian Signature	Date					
Student Printed Name		Student Signature	Date					
	WORK-BASED LEA	ARNING COORDINATOR'S VISITATION RECORD						
Dates	Summary of Student's Performance/Progress							

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Review Date 11/25