

CITY OF SOLEDAD STUDENT WORKER APPLICATION FORM



Please print and provide all information below.
 Students ages 14-17 must obtain a student work permit.

Student's Name:		Date of Birth: (minors only) ____ / ____ / ____			
School Name:		Student's ID Number (if applicable):			
Home Address:		City/Zip Code:			
Home Phone Number:		Cell Phone Number:			
E-mail Address:					
List the start date and end dates you are available:					
List the days and times you are available: (Not to exceed 3 hours a day)					
Monday <input type="checkbox"/> Time:	Tuesday <input type="checkbox"/> Time:	Wednesday <input type="checkbox"/> Time:	Thursday <input type="checkbox"/> Time:	Friday <input type="checkbox"/> Time:	Saturday <input type="checkbox"/> Time:
Are you enrolled in a Career Technical Education Pathway? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please describe.					

Describe any student organizations, job experiences, additional course work (undergraduate or graduate), skills, degrees, certifications, or licenses that you have that will help you with this internship.

Name of Organization/Group	Role (Member, President, Committee, Volunteer)	Dates of Involvement

Student's Name:	Date of Birth: ____ / ____ / ____
School Name:	Student's ID Number (if applicable):

What is your current student status?					
Freshman <input type="checkbox"/>	Sophomore <input type="checkbox"/>	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>	In College <input type="checkbox"/>	Other <input checked="" type="checkbox"/> Describe below.
Expected graduation Month/Year:					
Describe your <u>career goals</u> and how this work experience will help you reach those goals.					
Describe your <u>personal goals</u> you hope to accomplish during your assignment.					
Describe your <u>professional goals</u> you hope to accomplish during your assignment. List your goals and new skills you want to learn.					

Parent/ Legal Guardian Name:	
Phone:	Email:
Preferred Method of Contact: Phone <input type="checkbox"/> Email <input type="checkbox"/>	
Address	City/Zip

For Office Use Only	Internship	Volunteer/ Service Learning Hours	Staff Initials:	Date:
----------------------------	------------	-----------------------------------	-----------------	-------

Student's Name:	Date of Birth
School Name:	Student's ID Number (If applicable):

Student Assignment Information

Department of Assignment:	Department Phone:
Stat Date: End Date:	Student Title:
Student Dress Code:	
Work Supervisor:	Phone:
Supervisor Title:	Email:
Other Notes:	

Student Work Schedule:					
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>
Time:	Time:	Time:	Time:	Time:	Time:

Total hours per week: _____

Contact:

City of Soledad Jesus Valenzuela <i>Community Engagement Manager</i> jvalenzuela@cityofsoledad.com Office: 831.223.5009	Soledad High School Keegan White <i>CTE Coordinator</i> kwhite@soledad.k12.ca.us Office: 831.678.6400 x 44105	Hartnell College Career Services Belen Gonzales <i>Coordinator of Jobs & Internship Placement</i> careersercies@hartnell.edu Office: 831.759.6066
--	--	--

Provide copy to Student

Provide copy to CTE Coordinator or School Site Coordinator

Provide copy to Work Supervisor