



Wyoming High School Work-Based Learning Program Application

1350 Prairie Pkwy, Wyoming, MI, Phone 616.530.7580 Fax: 616-530-7589

Work Based Learning Program Desired: **Work-Based Learning** (Paid Job) _____

Community Classroom (Unpaid Internship) _____

I prefer my WBL placement be scheduled for the:

First Semester _____ Second Semester _____ Full School Year _____

Name _____ Date _____

Address _____ City _____ Zip Code _____

Home Phone # _____ Birth Date _____ Age _____

Your school email address _____ Your cell phone # _____

Parents/Guardians _____ Parents email _____

Who should be notified in case of emergency? _____ Emergency Phone # _____

Counselor _____ GPA _____ Expected Graduation Date _____

Going to college? Yes No Where? _____ Interest Area _____

Career Interests: 1. _____ 2. _____

What are your career/job goals beyond high school? _____

Are you attending Kent Career Tech Center? Yes No Class: _____
1st year 2nd year Section: A.M. P.M.
(circle one)

Classes you have taken or will be enrolled in that relate to your Work-Based Learning placement: _____

What is your hopeful Career Pathway: (Circle the Career Pathway that you have identified as part of your EDP)

Arts & Communication

Health Sciences

Business, Management, Marketing & Technology

Human Services

Engineering, Manufacturing & Industrial Technology

Natural Resources & Agriscience

Indicate type of work in which you would like to receive WBL Training: _____

Are you working now? Yes No

What is your current wage? _____ /hr

(It is your responsibility to provide your own transportation.) Do you have transportation to get to your job? Yes No

Will you consider employment which includes: Saturday: Y/N Sunday: Y/N Evenings: Y/N Summer: Y/N

Work History – Describe any previous job experience, internship, or education related to your desired area for the work-based learning experience you are applying for. _____

Obligations – Do you have any other obligations that may impact the time you have available for a work-based learning placement (school activity, sport, job, etc.)? _____

References

Name	Association/Position	Phone

Please list any extracurricular school and community activities you have been involved in during High School. Include any leadership positions.

Name of Organizations & Role You Played

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Teacher Recommendations

Please have 2 Wyoming Teachers or Counselor/Administrator sign the application to recommend you for Work-Based Learning placement. Teachers, Counselors, and Administrators, by signing below you are giving your endorsement for this student who will reflect Wyoming High School well within the community. Please sign below if you believe this student will display positive work habits and you recommend this student for placement.

How long have you known student? _____ Teacher Name (Printed) _____ Signature _____

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To help in the process of placing Work-Based Learning Training students, it is necessary to receive the authorization of the parents and/or student to release school records before beginning the placement process. We hereby authorize the Work-Based Learning Training Department to release to prospective employers for use in placement: teacher evaluations, the student's academic, attendance, and health records, plus work-related information.

Applicant's Signature

Parent/Guardian's Signature

Filling out an application DOES NOT assure a student of a Work-Based Learning Placement or Credit.

Wyoming High School Work-Based Learning Program Employer/Sponsor Information Request Document



Wyoming High School
1350 Prairie Pkwy SW
Wyoming, MI 49509
Voice: 616-530-7580
Fax:

Required TA & Insurance Info

To: Owner/Supervisor

From: Career Prep Coordinator

RE: Training Agreement & Insurance Info

Urgent For Review Please Comment Please Reply Please Recycle

The state of Michigan allows high school students to earn high school credit for learning job skills within a planned curriculum. (Student Name) _____ is requesting to use your business/organization for this purpose in either our Work-Based Learning Education or Community Classroom courses at Wyoming High School. This business-to-school partnership allows students to use skills they have learned in a related course in a real world setting. As with many programs, I am required to gather information on each business/organization that sponsors a student. The information requested on this form is required by the State of Michigan for pupil accounting purposes and to insure that students are working in safe working environments. In order to insure everyone understands their roles, a Training Agreement will be completed and signed by all relevant parties. Please complete the following form information so that I can expedite the Training Agreement process and our student can begin their placement with you. After you have filled out the following information, please give it to the student learner to bring back to me, or you may fax or email the information to the number/address listed below if you prefer to keep some of the information confidential.

Confidentiality Notice

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from the disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to the address listed above via U.S. postal service. Thank You!

Name of your Business/Organization _____

Business/Organization Address _____ Phone _____

Business/Organization fax number _____

Full name of sponsoring supervisor _____ Supervisor's cell phone _____

Supervisor's email address _____ Best time to call supervisor _____

Names of other supervisors that may evaluate the student learner's performance _____

Workman's Compensation Carrier: _____

Workman's Compensation Policy Number: _____

Policy Expiration Date: _____

Liability Insurance Carrier: _____

Liability Insurance Policy Number: _____

Policy Expiration Date: _____

Student Learner's Job Title / Role : _____

Student Wage: \$ _____

After completing, fax to:
or email information to:

Thank you for your assistance!