BALTIMORE COUNTY PUBLIC SCHOOLS

**Work-Based Learning Application**

Date:

**Personal Information:**

School Counselor:

Present Grade:

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:

With whom do you live?

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

Father/Male Guardian:

Mother/Female Guardian:

**Employment Data:**

Employer: Work/Cell Phone: Employer: Work/Cell Phone:

In what school activities do you plan to participate next year? What are your career goals? 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

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| --- | --- | --- | --- |
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Please sign below to signify the student’s request and the parent’s/guardian’s approval to apply for the Work- Based Learning program.

*Student Signature Date Parent/Guardian Signature Date*

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