



Peoria Unified School District #11
Work Based Learning
CTE/Professional Internship
Employment Application

DIRECTIONS: *Read carefully and fill in ALL items. Incomplete or unsigned applications will not be accepted.*

| | | | |
|------------|----------------|----------------|----------|
| Last Name | First Name | Middle Initial | |
| Address | City | State | Zip Code |
| Home Phone | Cell Phone | E-mail | |
| Birth Date | Date Available | Starting Time | |

Work History

*Begin with your current or most recent position. List each promotion as a separate job. Include paid and voluntary positions. **Be as accurate and complete as possible**, especially in describing the duties of each position.*

Current or Most Recent Position:

| | | | |
|--------------------------|----------------|---------------------------------|----------|
| Name of Employer/Company | Job Title | Dates of Employment (From - To) | |
| Employer's Address | City | State | Zip Code |
| Name of Supervisor | Hours Per Week | Reason for Leaving | |

Description of Duties:

Next Previous Position:

| | | | |
|--------------------------|----------------|---------------------------------|----------|
| Name of Employer/Company | Job Title | Dates of Employment (From - To) | |
| Employer's Address | City | State | Zip Code |
| Name of Supervisor | Hours Per Week | Reason for Leaving | |

Description of Duties:

Education and Training

College:

| | | | |
|-----------------|-----------------------------|-------|----------|
| Name of College | Dates Attended - Month/Year | | |
| Address | City | State | Zip Code |
| Classes | | | |

High School:

| | | | |
|---------------------|-----------------------------|-------|----------|
| Name of High School | Dates Attended - Month/Year | | |
| Address | City | State | Zip Code |

Use this space to identify any career and technical education classes you have received a "C" or better (i.e., Welding, Ag, Media, Culinary, Business Foundations, Life FACS, Drafting, Child Development, etc).

List any relevant certificates and licenses (Food Handlers, CPR, etc.), or specialized classes you have taken (i.e., Chemistry, Anatomy, Journalism, Photography, etc.)

Please give any additional information you feel is pertinent that is not listed elsewhere. Do not leave it blank

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List Three References

| | | | | | |
|-------------------------|---------|------|-------|----------|--------------|
| Reference #1: List name | Address | City | State | Zip Code | Phone Number |
| Reference #2: List name | Address | City | State | Zip Code | Phone Number |
| Reference #3: List name | Address | City | State | Zip Code | Phone Number |

Signature: *By signing this application, you are certifying that the information is true and complete to the best of your knowledge. Unsigned applications will not be considered.*

| | |
|-----------|------|
| Signature | Date |
|-----------|------|