

**Berwick Area Senior High School**  
**Work Experience/Capstone/Diversified Occupations**  
**Program Application**

*Please print legibly.*

Return this form to Mrs. Cerasoli-Kishbaugh, Room 56

Student Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Text: Yes or No

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Or Guardian's Name: \_\_\_\_\_) \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you currently employed?** \_\_\_ Yes \_\_\_ No

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

*If currently employed, will your employer give you the hours needed for work experience?*

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a work permit? \_\_\_ Yes \_\_\_ No Permit No. \_\_\_\_\_ Permit Date \_\_\_/\_\_\_/\_\_\_

**If under the age of 18, you need to obtain a work permit through the front office:**

**Parent and Birth Certificate are needed**

If currently unemployed, where have you applied? \_\_\_\_\_

Transportation: Do you have a driver's license? \_\_\_ Yes \_\_\_ No

Will you have access to a ride to work each day? \_\_\_ Yes \_\_\_ No

List 2 teachers that would recommend you for co-op:

\_\_\_\_\_

In what school activities (sports/clubs), will you participate in this year?

\_\_\_\_\_  
**After submitting this form, I acknowledge that the co-op coordinator/counselor will be checking attendance records, grades, etc. to see if the cooperative work experience will fit into my schedule next school year.**

***We, the parent/guardian and student, understand that this application is only meant to collect student data for possible employment leads. It is NOT a promise of employment!***

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Do Not Fill out this Section (Co-op Coordinator and/or Guidance)**

**Work Experience**

**Capstone Co-op**

**Diversified Occupations**