

Holland High School Cooperative Education Application

600 Van Raalte Avenue, Holland, MI 49423
616.494.2220

Name _____ Date _____

Address _____ City _____ Zip Code _____

Home Phone # _____ Birth Date _____ Age _____

Your email address _____ Your cell phone # _____

Parents/Guardians _____ Parents email _____

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

Counselor _____ GPA _____ Expected Graduation Date _____

Semesters preferred for Co-Op placement: _____ First _____ Second _____ Full Year

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

Career Interests: 1. _____ 2. _____

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

Are you attending the Careerline 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 Co-Op placement: _____

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 & Agrisciences

Indicate type of work in which you would like to receive Co-op Training: _____

Are you working now? ___ Yes ___ No

What is your current wage? _____/hr

Name of your Employer _____

Employer's Address _____ Employer's Phone _____

Employer's fax number _____ Your job title/role _____

Full Name of your supervisor _____ Supervisor's cell phone _____

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

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 *(Begin with most recent employment)*

Dates	Employer	Job Title	Address

References

Name	Address	Phone

Please list the extracurricular school and community activities you have been involved in over the last two years.

Name of Organization	Role You Played

Teacher Recommendations

Please have 2 Holland Teachers (One can be a counselor or administrator) sign the application to recommend you for Co-op placement. Teachers, Counselors, and Administrators, by signing below you are giving your endorsement for this student who will reflect Holland High School P.R.I.D.E. in 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

How long have you known student?

Teacher Name (Printed)

Signature

To help in the process of placing Cooperative 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 Cooperative 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 Cooperative Training job or credit.