

Marshfield High School
Career-Based Learning Application

Please complete this application to the best of your knowledge.
This application will be shared with employers and/or mentors.



PLEASE TYPE OR WRITE NEATLY IN BLUE OR BLACK INK!

Application Information

Last Name		First	Middle
<hr/>			
Street Address			
<hr/>			
City, State, Zip			
<hr/>			
Phone Number		Email Address	
<hr/>		<hr/>	
Cell Phone Number		Graduation Year	
<hr/>		<hr/>	
Date of Birth	Current Grade: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		
<hr/>	<hr/>		

Parent/Guardian Information

Last Name		First
<hr/>		<hr/>
Street Address		
<hr/>		
City, State, Zip		
<hr/>		
Phone Number		Email Address
<hr/>		<hr/>

Program Area (check one)

Youth Apprenticeship:

- ☐ Agriculture, Food and Natural Resources
- ☐ Architecture and Construction
- ☐ Arts, A/V Technology and Communication
- ☐ Finance
- ☐ Health Science
- ☐ Hospitality and Tourism
- ☐ Information Technology
- ☐ Manufacturing
- ☐ Marketing
- ☐ Science, Technology, Engineering and Math
- ☐ Transportation, Distribution and Logistics

Other Programs:

- ☐ Health Career Connections
- ☐ Sports Medicine Internship

(Bold section completed by Mrs. Fredrick – please complete the rest of the page)

Cumulative Unweighted Grade Point Average

Number of days absent from school to date this school year

List any work experience(s) you have had in the past two years:

List any volunteer experience(s) you have had in the past two years:

List classes you have taken that support this program area:

Current extracurricular activities/clubs/organizations/sports involved in (identify months):

For Youth Apprenticeship – Do you have suggestions for worksites?

Are you able to perform the duties of the position you have applied for in a reasonable and safe manner?

☐ Yes ☐ No If no, please explain fully:

If selected for Career-Based Learning, would you or your parents/guardians be able to provide transportation to and from the site?

☐ Yes ☐ No

Why do you feel you should be selected/involved in Career-Based Learning? Explain your career interest.

I understand:

- This is an application for enrollment into Career-Based Learning, and if I am selected, I will accept the responsibilities required by both the school and the employer/site.
- Any false or misleading information made on this application will automatically drop me from further consideration.
- **That completing this application does not guarantee that I will be accepted into programs.**
- That all information will be kept confidential and used only for the appropriate program(s). **Mrs. Fredrick will send this application to MACCI and potential employers/mentors.**
- If my student is accepted into Career-Based Learning, I give my permission to use pictures/videos of them at their site/school for promotion of the program(s).

Along with this completed application you will need:

- ✓ **Recommendation Forms:** Please provide two recommendations from high school teachers and one from a community member. Forms are attached.
- ✓ **Resume (especially if recommendation forms cannot be completed):** Attach a one-page resume with your name, address, phone number, work objective, work/volunteer experience, education, references, etc.

Student Signature

Date

Parent/Guardian Signature

Date

If you would like assistance in completing this application, please contact your Career and Technical Education Coordinator, Mrs. Fredrick.

The Board does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student programs including curricular, co-curricular and extra-curricular activities.

Return this completed application to Mrs. Fredrick in room 79 at MHS or scan/email as a PDF to fredrickj@marshfieldschools.org

Health Career Connections Students Only

Release of Medical Information: I give my permission to validate my student's immunization records for participating business partners. All information will be considered confidential.

Parent/Guardian Signature

Date

I give my permission to share the Background Information Check results with business partners and for Mrs. Fredrick to collaborate with the technical college regarding the Nursing Assistant course for my student. All information will be considered confidential.

Parent/Guardian Signature

Date

Career-Based Learning Teacher Recommendation Form #1

Student Name _____

The following checklist is provided for those who know the student well enough to give us an accurate assessment of him/her. This has been designed to provide a convenient method to describe the candidate in summary fashion.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent (Top 10%)
Responsibility					
Attitude					
Effort					
Interpersonal Skills					
Citizenship					

Additional comments that will indicate your estimation of this student's qualifications for this program including characteristics such as honesty, credibility, and trustworthiness.

Please check one

- ☐ I recommend that the above student be accepted into Career-Based Learning.
- ☐ I do not recommend that the above student be accepted into Career-Based Learning.

Teacher Signature	Subject Taught	Date
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Student Name _____

	No Basis for Judgment	Below Average	Average	Above Average	Excellent (Top 10%)
Responsibility					
Attitude					
Effort					
Interpersonal Skills					
Citizenship					

- ☐ I recommend that the above student be accepted into Career-Based Learning.
- ☐ I do not recommend that the above student be accepted into Career-Based Learning.

Teacher Signature	Subject Taught	Date
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**Career-Based Learning
Community Member Recommendation Form**

Student Name _____

The following checklist is provided for those who know the student well enough to give us an accurate assessment of him/her. This has been designed to provide a convenient method to describe the candidate in summary fashion. Please write in comments if possible.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent (Top 10%)
Responsibility					
Attitude					
Effort					
Interpersonal Skills					
Citizenship					

Additional comments that will indicate your estimation of this student's qualifications for this program including characteristics such as honesty, credibility, and trustworthiness.

Please check one

- ☐ I recommend that the above student be accepted into Career-Based Learning.
- ☐ I do not recommend that the above student be accepted into Career-Based Learning.

Signature Community Role Relationship to Applicant Date