

# Cooperative Education Program Application

Rev. 9/272021

Shawsheen Valley Technical High School  
100 Cook Street Billerica, MA 01821  
Ph. 978-671-3619 Fax 978-671-3819  
Email: bsmith@Shawtech.org

Today's Date \_\_\_\_\_

## STUDENT DATA

**Student's Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
**Current Address:** Street and Number: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Sex: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_  
Vocational Technical Program: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

**If you have a resume and/or employer cover letter, please include a copy with this application.**

## STUDENT EMPLOYMENT INFORMATION

Do you have transportation to/from work?  Yes  No  
Do you have a driver's license?  Yes  No License Number: \_\_\_\_\_  
Are you available to work part time after school on academic weeks if requested?  Yes  No  
Are you available to work full time (40 hours) during shop week?  Yes  No  
Are you willing to work overtime during shop week if requested?  Yes  No  
Please list any days and/or hours that you are unable or unwilling to work? \_\_\_\_\_  
Do you agree to follow all the rules and regulations for participation in this program as outlined in the student handbook?  Yes  No  
Please briefly explain your future educational and/or work plans for after graduation: \_\_\_\_\_

## PARENTAL INFORMATION

**Parent's Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_  
**Address:** Street and Number: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_  
Although your son/daughter will be covered by the cooperating employer's workers' compensation insurance, in case of an accident, what other insurance coverage do you have?  
Name of Insurance Provider: \_\_\_\_\_  
Insurance Policy Number: \_\_\_\_\_

# EMPLOYMENT RECORD INFORMATION

Last Employer: _____	Employment Dates: _____
Type of Business: _____	Job Title: _____
Address: _____	Salary: _____
_____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor: _____	Co. Phone Number: _____
Duties: _____	Reason for leaving: _____

Previous Employer: _____	Employment Dates: _____
Type of Business: _____	Job Title: _____
Address: _____	Salary: _____
_____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor: _____	Co. Phone Number: _____
Duties: _____	Reason for leaving: _____

## REFERENCES

Please list 2 personal and/or professional adult references. (must not be a relative)

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: Street and Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this individual: \_\_\_\_\_

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: Street and Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this individual: \_\_\_\_\_

## SIGNATURES

1. The statements and information furnished by us in this application are true and complete.
2. We give permission for the student named in this application to participate in the cooperative education program.
3. In accordance with the Buckley Amendment regarding student records under Chapter 71 of the MA General Laws, we give permission for representatives of the school to release: **(please check appropriate boxes)**  
 student grades  student competency profile  student attendance info  student health info  other pertinent info that may be of assistance to employers in evaluating placement and/or meeting the educational needs of the student.
4. We understand that if at any time, in the opinion of the placement counselor, the student is not meeting the requirements of this program with regards to grades, attendance, attitude and/or performance his/her placement will be terminated.

**Our signatures certify that we have read and agree with the above statements.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

