

**INDIANA COUNTY TECHNOLOGY CENTER**  
**WORK-BASED LEARNING & COOPERATIVE EDUCATION APPLICATION**  
*Michelina Olmstead, Cooperative Education Coordinator, 441 Hamill Road, Indiana, PA 15701*  
**PHONE: 724-349-6700 ext. 127      FAX: 724-349-6411**  
**PLEASE PRINT NEATLY. THANK YOU!**

<b>Student Name:</b>	<b>Social Security #:</b>
<b>Address:</b>	<b>Telephone #:</b>
<b>Birth Date:</b> <b>Age:</b>	<b>Home School:</b> <b>Working Permit #:</b>
<b>Career Objective:</b>	<b>Program Area:</b>

**\*WORK-BASED LEARNING AND COOPERATIVE EDUCATION CANDIDATES  
THE FOLLOWING REQUIRES PARENT & STUDENT RESPONSE:**

To ensure a successful and safe transition from your ICTC program training into a work-based learning and/or cooperative education job site, may I share information concerning your style of learning, skills, aptitudes, needs, limitations and behavior characteristics with potential business mentors and/or potential employers as they relate to your training plan experiences? Yes: \_\_\_ No: \_\_\_ Is there any information that you or your parents do not want disclosed? Yes: \_\_\_ No: \_\_\_ If yes, please describe: \_\_\_\_\_ *Mrs. Olmstead*

<b>Parent/Guardian Name:</b>	<b>Parent/Guardian Signature:</b>
<b>Student Signature:</b>	<b>Date Signed:</b>

**\*COOPERATIVE EDUCATION CANDIDATES ONLY:  
TO BE ELIGIBLE FOR COOPERATIVE EDUCATION YOU MUST HAVE:**

- 1. YOUR PROGRAM INSTRUCTOR'S RECOMMENDATION**  
**Program grade average:** \_\_\_\_\_ **Percentage of competencies completed as of today:** \_\_\_\_\_ %  
**Number of days student is eligible for cooperative education work site (1, 2, 3, 4) :** \_\_\_\_\_  
**Program Instructor signature:** \_\_\_\_\_
- 2. GOOD ATTENDANCE AND DISCIPLINE RECORDS AT THE ICTC AND YOUR HIGH SCHOOL**  
After reviewing your attendance and discipline records at both the ICTC and your high school, I recommended \_\_\_\_\_ do not recommended at this time \_\_\_\_\_  
**Mr. Jim Thimons, ICTC Principal, signature:** \_\_\_\_\_
- 3. PASSING GRADES IN ALL ACADEMICS**  
After reviewing your academic high school course work, I recommend \_\_\_\_\_ do not recommend at this time \_\_\_\_\_.  
**Ms. Erin Eisenman, School Counselor, signature:** \_\_\_\_\_

*If you have been recommended by your program instructor, Mr. Thimons and Ms. Eisenman, please continue with this application. If you do not receive all necessary recommendations at this time, please turn in this application now to Mrs. Olmstead. It will be kept on file for future consideration.*

a. Describe your available transportation arrangements to travel to your job training site?  
\_\_\_\_\_

b. Do you have any work experience? \_\_\_\_\_ Describe: \_\_\_\_\_

c. If you would like to have a job site considered for cooperative education, please provide the following:

Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

***\*Employers make the final selection in the employment process.***

<b>Date Given:</b>	<b>Date Received:</b>
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