

Health Science Technology Education Application for Paid Work-Based Learning _____ High School

Name _____ Social Security # _____

Date of Birth _____ Age _____ Current Grade _____

Home Address _____ City, TX Zip _____

Home Phone # _____ e-mail _____

Parents/Guardian _____

Work phone # _____ e-mail _____

days absent this year ____ # times tardy this year ____ current GPA _____

Extracurricular activities _____

Current employment _____ length of employment _____

Employer's name _____ Phone # _____

Career objective _____

Course	Teacher	Semester Grade
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

All Career & Technology programs are offered without regard to race, color, national origin, sex or handicap as required by the Title VI and Title IX of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, as amended.