

West Virginia State University

COOPERATIVE EDUCATION APPLICATION

STUDENT NAME:

Last

First

LOCAL ADDRESS:

Street

City

State

Zip

PERMANENT ADDRESS:

Street

City

State

Zip

PHONE NUMBER:

PHONE NUMBER:

EMAIL:

DEGREE OBJECTIVE:

Graduation Date:

Bachelor Degree

MAJOR:

MINOR:

STUDENT STATUS:

Full-time

Part-time

Total credit hours completed by end of current semester (approximate)

If you are willing to consider out-of-state job placements, list locations:

US Citizen:

YES

NO

If No, type of VISA:

Temporary Student

Permanent Resident

Veteran: YES NO

ALL VETERANS RECEIVING VA BENEFITS SHOULD CALL

1-888-442-4551

TO SEE HOW THEIR BENEFITS WILL BE AFFECTED

Do you have a job you would like to have certified through Co-op?

YES

NO

If YES, obtain and complete a job certification form.

Are you currently employed?

YES

NO

If yes,

Full-time

Part-time

If no, skip this section.

Employer:

Phone/Ext:

Job Title:

Supervisor:

Duties:

How did you hear about WVSU's Co-op Program?

Are you receiving Financial Aid?

YES NO

Are you currently participating in the Federal College Work Study Program?

YES NO

When might you like to enter?

Type of Co-op work preferred

Name of Faculty Advisor

STATEMENT OF CAREER GOALS, JOB INTERESTS AND/OR DESCRIPTION OF WORK DESIRED.

Name/Location of College Attended	Dates (MO/YR) FROM - TO	Degree Earned/Expected	Graduation Date	Academic Major

COLLEGE HONORS, ACTIVITIES, PROFESSIONAL SOCIETIES, FOREIGN LANGUAGES, COMPUTER LANGUAGES, OTHER SKILLS

Name/Address of Employer	Job Title & Brief Description of Work	Hrs/Wk	Dates Employed

Other relevant information - community activities, hobbies, summer jobs, etc.

REFERENCES (such as faculty members who know you well or past supervisors)

Name	Address	Phone

I hereby authorize the Office of Career Services and Cooperative Education, its Director and its staff to grant access to and /or release all materials relating to me contained in the files of said office to all prospective employers for the purpose of assisting me in securing employment.

I understand that if I am employed in a Co-op position, I am required to enroll in the appropriate Co-op course each semester I am employed. If my present position is certified, I am required to enroll in the appropriate Co-op course for a minimum of two semesters.

I understand that when enrolling in a Co-op course, I am to pay the tuition associated with that course. (Page 6 of the Co-op Student Handbook).

By entering your name, ID number, and date below, you agree to the terms listed above and are completing the application for entry into the Co-op Program through West Virginia State University.

Student Name:

Date:

Student ID number:

Please complete the Personal Data questionnaire following this page. This personal data will in no way affect our decision concerning your application for admission to the Co-op program. This information will be used only for statistical purposes; completion is optional. Please fill out, or indicate the category in each area that applies to you.

BIRTHDATE: _____

SEX: Male Female

MARITAL STATUS: Single
 Married
 Divorced
 Widowed
 Separated

ETHNIC BACKGROUND: Caucasian
 American Indian or Alaskan Native
 Black/Non-Hispanic
 Asian/Pacific Islander
 Hispanic
 Other _____

DISABILITY: Hearing Impairment Orthopedically Impaired
 Deaf Other Health Impairments
 Speech Impairment Deaf/Blind
 Visual Impairment Multiple Disabilities

FINANCIAL AID

If you are receiving Financial Aid at WVSU, you must check with the Office of Student Financial Assistance prior to being placed in a Co-op position to see if Co-op placement will affect your financial aid.

Please INITIAL here if you have read and understand the above statement. _____

RESUMES

Occasionally, we have employers that request resumes the same day. For this reason, we are requesting prior permission to fax your resume. Please signify your acceptance or non-acceptance of this policy below.

If I meet all the criteria for a particular Co-op position, I do do not give my permission to automatically fax my resume to a prospective employer without being notified first.

I am interested in Local Positions
 Out-of-state positions
 Both

Submission of this form with name input below constitutes consent to resume fax policy.

Student Name:

Date: