

WORK EXPERIENCE EDUCATION APPLICATION

 Print Name (Last, First, MI) Email Address

 Address (Number and Street, Apt. #) (_____) _____
 Home Phone

 City, State, Zip (_____) _____
 Pager/Cell

 College Major or Educational Goal Semester/Year

Current Class Schedule: (please include ALL classes currently being taken)

Course Title	Ohlone or other institution?	Units

How many Work Experience Units have you completed to date? _____
General (185) Vocational (195)

 Employer (Name of Company) My work is (_____) (_____)
 paid volunteer

Please complete the map on the next page!

List your job duties: _____

 Student's Work Schedule Student's # work hours per week

I understand that:

- a) upon successful completion of this course, I will be entitled to one unit of credit for each 75 hours of paid work or 60 hours of unpaid work per semester;
- b) I cannot earn more than a maximum of 16 semester units of Work Experience Education in any combination of programs at any college.

 Signature Date

Directions to Student's Work site

To enable your Instructor to visit your work site, please provide the following information

Employer (Name of Company) (_____) _____
Work Phone ext.

Street Address of Employer: _____

City _____

Supervisor's Name Supervisor's work hours Supervisor's email

Please sketch a map to your employer's location, noting nearest major highway or main street. If there are signs or markers that will help your instructor find your employer, please note that.

Also, please describe how to find you once we reach your work site.

