



Charlotte High School OJT Application

Choose One: ___ **DCT-OJT** ___ **Cooperative-OJT** ___ **Executive Internship**

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Education:

School Name and Location	Years Attended	Major
High School: _____	_____	_____

DCT Course: ___ Currently Enrolled or ___ Completed

(If you have not taken DCT indicate career pathway courses below that you have taken)

___ Agriculture	___ Drafting	___ Culinary Arts
___ Health Science	___ Vet Assisting	___ TV Production
___ Multi Media/Web Design	___ Teacher Assisting	

References:

List two personal references, not related to you, who have known you for more than one year.

Name: _____ Phone: _____ Years Known: _____

Name: _____ Phone: _____ Years Known: _____

Employment History (Start with most recent employer)

1. Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

2. Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Approval for DCT/Cooperative OJT:

Job Verified with: _____ Date: _____

Employer Phone #: _____ Spoke with: _____