



Bibb County Schools

APPLICATION FOR Co-op Program

PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

Date _____	
Name	
Last	First Middle Maiden
Present Address	
Number	Street City State Zip
Telephone () _____	Cell Phone () _____ e-mail: _____
Age _____	Date of Birth [- -]
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have access to a car/other mode of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Career Objective: 1 st Choice _____ 2 nd Choice _____ 3 rd Choice _____	
Parent/Guardian Name(s) _____	Parent Cell Phone () _____ e-mail: _____
Parent/Guardian Address	
Number	Street City State Zip
Indicate the type of business in which you prefer to work: (Example: bank, dental, retail store, legal, manufacturing, insurance, automotive, medical, etc.)	
First Choice _____	Second Choice _____
Do you intend to further your formal education after high school? Technical training <input type="checkbox"/> 2 yr. <input type="checkbox"/> 4yr <input type="checkbox"/> military <input type="checkbox"/> work full-time <input type="checkbox"/>	
Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any health problems that would interfere with your regular attendance on a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____	

Current or Previous Work Experience

(List most recent position first.)

Employer	Type of Work	Employment Dates

Current Class Schedule

	Class	Teacher	Grade Point Avg.
1 st Period			
2 nd Period			
3 rd Period			
4 th Period			
5 th Period			
6 th Period			
7 th Period			