

School-to-Career/Cooperative Education
 Altoona Area High School
 1415 Sixth Avenue
 Altoona, PA 16602



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SCHOOL-TO-CAREER APPLICATION

| APPLICANT INFORMATION | | | | | | | |
|--|---|----------------|--|-------------|--|------|--|
| Last Name | | First Name | | M.I. | | Date | |
| Street Address | | | | | | | |
| City | | State | | ZIP | | | |
| Cell Phone | | | | | | | |
| School Email Address | | | | | | | |
| Personal Email Address | | | | | | | |
| Student ID # | | RR# | | Birth date: | | | |
| Please list physical limitations that would prevent you from performing your job or in the event emergency care is needed: (i.e. hearing or sight impairments, heart problems, diabetes, etc.) | | | | | | | |
| | | | | | | | |
| PARENT/GUARDIAN INFORMATION | | | | | | | |
| Father's/Guardian's Name | | | | | | | |
| Contact # | Home <input type="checkbox"/> Cell <input type="checkbox"/> | Father's Email | | | | | |
| Mother's/Guardian's Name | | | | | | | |
| Contact # | Home <input type="checkbox"/> Cell <input type="checkbox"/> | Mother's Email | | | | | |
| | | | | | | | |
| TRANSPORTATION | | | | | | | |
| <i>It is the responsibility of the student/guardian to provide his/her own transportation to the STC site.</i> | | | | | | | |
| Do you have a driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, when do you plan to obtain a license? | | | | | | | |
| Do you have your own vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, who's vehicle do you intend to use? | | | | | | | |
| Describe how you would get to work each day? | | | | | | | |
| | | | | | | | |
| SCHEDULING | | | | | | | |
| Would you like to begin your STC job over the summer? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |
| How many periods do you plan on scheduling STC? TWO <input type="checkbox"/> THREE <input type="checkbox"/> When? AM <input type="checkbox"/> PM <input type="checkbox"/> | | | | | | | |
| Do you plan on taking Physical Education over the summer? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |

CAREER OBJECTIVE

What is your career objective? (Ex. nurse, teacher, engineer, accountant, marketing, etc.)

Future plans after graduation (Attend college, work full-time, join military, etc.)

TECHNOLOGICAL SKILLS

Please indicate your experience with each of the following:

| | | | | |
|-----------------------|-----------------------------------|---------------------------------------|---|-----------------------------|
| Microsoft Word: | Beginner <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Did you take a course at AAHS? YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Microsoft Excel: | Beginner <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Did you take a course at AAHS? YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Microsoft PowerPoint: | Beginner <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Did you take a course at AAHS? YES <input type="checkbox"/> | NO <input type="checkbox"/> |

STC JOB SITES

Based on your stated career objective at the top of this page, and what jobs the STC Coordinator can provide you in the program, please indicate your top two preferences, with 1 being your first choice and 2 being your second choice.

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Copy-Printing Clerk | <input type="checkbox"/> Government/Office | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Day Care | <input type="checkbox"/> Marketing/Office | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Computer (Data Entry) | <input type="checkbox"/> Food Service | <input type="checkbox"/> Medical Clerical/Office | <input type="checkbox"/> Stock Clerk |
| <input type="checkbox"/> Computer (Tech) | <input type="checkbox"/> General Clerical/Office | | |

Other (please list but know that STC Coordinator cannot guarantee placement):

Please list (if any) any specific STC sites at which you would like to work that matches your choices above (refer to 2017-2018 STC site handout – printed on blue paper):

| | |
|----|----|
| 1. | 2. |
|----|----|

PREVIOUS WORK EXPERIENCE **YOU DO NOT NEED PRIOR WORK EXPERIENCE TO ENROLL IN STC

| TYPE OF WORK | PLACE OF EMPLOYMENT | DATES OF EMPLOYMENT |
|--------------|---------------------|---------------------|
| | | |
| | | |

Are you currently working? YES NO If so, where? _____

Do you have a work permit? YES NO Work Permit # _____

EXTRA-CURRICULAR ACTIVITIES & HOBBIES

| In-School Activities | Out-of-School Activities (Sports Teams, Clubs, etc) |
|----------------------|---|
| | |
| | |
| | |

DISCLAIMER AND SIGNATURE

I certify that this application and any attachments contain no misrepresentation of falsification, omission or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I authorize persons, schools, current employers and organizations named in this application and any attachments to provide the School District of Altoona with any relevant information that may be required to arrive at a decision to be accepted into the School-to-Career program. **I understand that transportation to and from the job site will be the responsibility of the student and the guardian.**

| | | |
|-------------------|----------------------|------|
| Student Signature | Guardian's Signature | Date |
|-------------------|----------------------|------|

School-To-Career sites shall not discriminate in education programs, activities or employment practices based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership or any other legally protected classification.

ADDITIONAL ATTACHMENTS

Please attach the following two items to this application:

- A **resume**, which includes your career objective, relative courses, equipment and software that you have used, work experience, extra-curricular activities and hobbies, etc. (Please see the sample provided.)
- A **reference sheet** with at least three references. These references must be teachers. Do not use relatives, neighbors, friends, etc. (Please see the sample provided)

CURRENT SCHEDULE

| Period | Subject | Room # | Teacher |
|--------|----------------|--------|---------|
| RR | Reporting Room | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |