

CPI

Central Pennsylvania Institute of Science and Technology

540 N. Harrison Road, Pleasant Gap, PA 16823

Phone: 814-359-2793

Fax: 814-359-2599

Dr. Richard Makin, President

MaryAnn Volders, Director of Secondary Education

Krista Renzo, Cooperative Education Coordinator

Cooperative Education Application

Instructions: Complete all information and return to the Co-op Coordinator for review

STUDENT INFORMATION

Name: _____ Date: _____

Street Address: _____ Home Phone: _____

City/ Town: _____ ZIP: _____

Home School: _____ D.O.B.: _____ AGE: _____

CTC Program: _____ Instructor: _____

Student's Career

Objective: _____

	<i>YES</i>	<i>NO</i>
Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have reliable transportation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>
If no, do you have a work permit?	<input type="checkbox"/>	<input type="checkbox"/>

The Central Pennsylvania Institute of Science and Technology (CPI) is an equal opportunity education institution. CPI will not discriminate on the basis of race, color, national origin, gender, sexual orientation, disability, age, religion or union membership in our activities, programs or employment practices, as required by Title IV, Title IX, Section 504 and the Americans with Disabilities Act of 1990.

“An Equal Rights and Opportunities School.”

WORK EXPERIENCE

List all jobs held. Nothing is unimportant!

Employer	When	Position	Supervisor

EXTRACURRICULAR ACTIVITIES

List any clubs, sports teams, academic or social organizations in which you are involved.

EMPLOYER INFORMATION

Employer: _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Fax:** _____

Student's Supervisor: _____

Supervisor's Email: _____

Student's Job Title: _____ **Pay Rate:** _____

Scheduled Work Hours: (Time) From: _____ **To:** _____

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INSTRUCTOR'S APPROVAL

Student: _____ **Home School:** _____

CPI Program: _____ **Instructor:** _____

Student's Career Objective: _____

Employer: _____

I certify that _____ meets all the requirements for participation in CPI's Capstone program. I approve his/her participation in the cooperative education program. I understand and have explained to this student that the employer may cancel his/her employment if for any reason student performance is unsatisfactory.

Instructor's Signature: _____ **Date:** _____

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