

# CPI

## Central Pennsylvania Institute of Science and Technology

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Gregory W. Michelone, Ph.D., Executive Director

Barry King, 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: \_\_\_\_\_ SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/ Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home School: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_

Vocational Program: \_\_\_\_\_ Instructor: \_\_\_\_\_

Student's Career Objective: \_\_\_\_\_

Program of Choice? (circle one)	Internship YES	Capstone NO
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 working papers?	<input type="checkbox"/>	<input type="checkbox"/>

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## 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:** \_\_\_\_\_

**Pay Rate:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**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 Internship or Capstone program. I approve his/her participation in the cooperative education program. I understand and I 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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