

WACTC

Western Area Career & Technology Center

688 Western Avenue, Canonsburg, PA 15317

Phone: 724-746-2890 Fax: 724-746-0817

Work Based Learning Intake Form

Type of Experience:

Cooperative Education _____ Internship _____ Job Shadow _____

Student Information:

Name _____ Program _____ AM ___ PM ___

Street address _____

City _____ State _____ Zip Code _____

Student Phone _____ Student Personal Email _____

Parent Phone _____ Parent Email _____

Parent(s) Name(s) _____

Parent(s) Email _____ Work Permit# _____

School District _____ Have you completed at least 3 semesters at WACTC? _____

High School Guidance Counselor _____

Date of Birth _____ Age _____ Grade Level _____

Emergency Contact _____ Phone _____

Student Health Insurance Provider's Name+ _____

Policy Number _____ Group Number _____

Employer Information (Complete if known)

Company:	Job Title:
Address:	
Contact Person:	
Phone Number:	Starting Wage:

Do you have a driver's license? _____ Do you have a vehicle? _____

How many days do you want to work? 1 ____ 2 ____ 3 ____ 4 ____

Do you have a job now? _____ If yes, is it related to the program you are in at WACTC? _____

- **Need a copy of:** Driver's License, Auto Insurance Card and Work Permit if under 18 Years Old.