

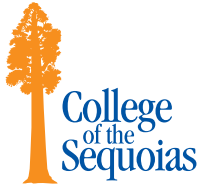


*Knowledge without experience is just information. Mark Twain*

**WORK EXPERIENCE TEACHER / COUNSELOR  
APPLICATION PACKET 2007**

Fax completed applications to Lisa Greer (COS) 730-3730. Application must be returned by March 28<sup>th</sup>, 2007.

Questions? Contact Lisa Greer @ 730-3742.



# Teacher/Counselor Work Experience Program Application

PLEASE TYPE OR CLEARLY PRINT THE FOLLOWING INFORMATION:

NAME: \_\_\_\_\_ Sex: M  F   
(FIRST, MIDDLE, LAST)

## WORK INFORMATION

POSITION/TITLE: \_\_\_\_\_

SCHOOL/COLLEGE: \_\_\_\_\_ SUBJECT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Cell Phone \_\_\_\_\_

## HOME INFORMATION

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## TEACHING EXPERIENCE

1. How long have you taught/worked at your school or college?  
\_\_\_\_\_

2. How long have you taught/worked in education, if different from above?  
\_\_\_\_\_

3. Have you ever worked full-time outside of education? *(If yes, please explain, including length of time and type of occupation.)*  
\_\_\_\_\_  
\_\_\_\_\_

4. What time and day(s) would be best for you to meet with other team members?  
\_\_\_\_\_

5. Briefly describe your professional background. In particular, list your experience in youth development, education and/or business.

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6. How did you become interested in entrepreneurship education? How does it complement your general philosophy of education?

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7. Please indicate priority area for work experience assignment (1=highest and 5=lowest)

- \_\_\_ Advanced Transportation Technologies;
- \_\_\_ Applied Competitive Technologies/ Manufacturing;
- \_\_\_ Agriculture Science/Veterinary Sciences;
- \_\_\_ Health and Medical Care; and
- \_\_\_ Advanced Business Graphics and Multimedia.

### Statement of Support

*(The following statement must be read and signed by your principal or executive director)*

I \_\_\_\_\_ support \_\_\_\_\_ in his/her effort to bring the  
PRINCIPAL/DEAN APPLICANT

Program to \_\_\_\_\_ and to the best of  
SCHOOL/COLLEGE

my ability will help him/her successfully complete work experience (based on the structure stated above).

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINCIPAL/DEAN

I assert to the best of my ability that the above is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
APPLICANT

