

# Instructor Recommendation Form

## Work Experience Program Application

School: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Student's Name:</b>	<b>Grade:</b>	<b>Instructor:</b>	<b>Room:</b>
<b>Date of Birth:</b>	<b>Age:</b>	<b>Completed GCC courses: (ex. LMP 1)</b>	
<b>Contact Number: (Cell)</b>	<b>List your skills and qualities for position applied:</b>		
<b>Contact Number: (Home or alternate)</b>			
<b>Email Address:</b>	<b>Do you have a current health certificate?</b> Yes/No: if yes, expiration date: _____		
<b>Mailing Address:</b>	<b>Home Address:</b>		

**I am interested in applying for the following work experience position(s):**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Which employer do you prefer to work for (list top 3)?**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Please check if you want to complete  90 or  180 or  270 hours for this application.**

**For Summer Work Experience Program applicants, please notate if you are going off-island and the dates of travel and when you can start work.**

**Dates of travel:** \_\_\_\_\_ **Able to start work on:** \_\_\_\_\_.

**Are you attending summer school: Yes/No**  
**Do you currently have a paid part-time job?**

**If you need to be placed together with another student due to ride situation, please specify who.**

---

**Instructor Use Only:**

**I recommend participation in the work experience program.(Note: Student must be at least 16 years old to participate; ProStart and ECE students must have current health certificates).**

**I DO NOT recommend participation at this time for the following reason(s):**

\_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_