



For School Use Only
____ Accepted ____ Denied

Worked-based Learning
Work Experience Application

Timpview High School

Write the school year here: _____ (i.e. 2014-2015)

Please check one of the following: Semester 1 Semester 2 Full Year Summer

PERSONAL DATA Grade level (year of enrollment) _____ Application Date _____
Student Name _____ Student Number _____
Cell Phone _____ Birth Date _____
Email _____ Home Phone _____
Parent/Guardian _____ Work Phone _____

EMPLOYMENT
Business Name _____
Supervisor's Name _____
Supervisor's Email _____
Business Address _____
Work Phone Number _____
Work Schedule _____

Work Experience must be at the beginning or end of your day. Periods preferred 1, 2, 7, or 8.

Program Requirements – Please read and check that you understand each requirement

- Students may not receive work-experience for a parent-owned business. One exception: parents who own a business with multiple departments and the students is supervised by someone other than the parent. Students must be paid on a company payroll check (no personal checks) that shows the hours worked for each pay period.
- I understand there are weekly assignments and/or seminars I must attend and complete to receive credit.

Signature of Student _____ Date _____

Provo School District WBL program does not discriminate on the basis of race, color, gender, national origin or disability