



Health Career Connections Program Application

High School _____ Date _____

Please complete this application to the best of your knowledge. Information will be shared with business partners in the Health Career Connections program.

Application Information:

Last Name _____ First _____ Middle _____

Street Address _____

City, State, Zip _____

Phone Number _____ Cell Number _____

Email Address _____

Date of Birth _____ Gender: Male Female

Current Grade Level Sophomore Junior Senior

Graduation Year _____

Parent/Guardian Information:

Last Name _____ First _____ Middle _____

Street Address _____

City, State, Zip _____

Phone Number _____ Email Address _____

Cumulative Grade Point Average:

Number of days absent from school during the prior two years:

List any work experience(s) you have had in the past two years:

List any volunteer experience(s) you have had in the past two years:

List classes you have taken that support this program area:

Extracurricular activities/clubs/organizations/sports involved in:

Are you able to perform the duties of the position you have applied for in a reasonable and safe manner?

Yes No If no, please explain fully:

If selected for the Health Career Connections program, would you or your parents/guardian be able to provide transportation to and from the workplace?

Yes No

Why do you feel you should be selected for the Health Career Connections Program?
Or, why do you want to be involved in the Health Career Connections program?

I understand:

- This is an application for enrollment into the Health Career Connections Program, and if am selected I will accept the responsibilities required by both the school and the employer.
- Any false or misleading information made on this application will automatically drop me from further consideration.
- That completing this application **does not guarantee** that I will be accepted into the program.
- That all information will be kept confidential and used only for application to the Health Career Connections program.

Along with this completed application you will need:

- ✓ **References:** Please provide two references from high school teachers and one from any one from a community member. Forms are attached.
- ✓ **Resume (If available):** attach a one-page chronological resume with your name, address, phone number, work objective, work experience, education, volunteer experience, hobbies and references.

Pictures: If my son/daughter is accepted in a Health Career Connections program, I give you my permission to use pictures of them at their worksite for promotion of the program.

Student Signature

Date

Parent/guardian signature

Date

If you would like assistance in completing this application, please visit your School-To-Career Coordinator/Career & Technical Education Coordinator.

****For Health Career Connections Program only:**

Release of Medical Information: I give my permission to validate my son/daughters immunization records for participating business partners. All information will be considered confidential.

Parent/Guardian signature

Date

I give my permission to share the Background Information Check results with Health Business Partners. All information will be considered confidential.

Parent/Guardian signature

Date



**Health Career Connections Program
Teacher Recommendation Form**

Student Name _____ Grade _____

High School _____

The following checklist is provided for those who know the student well enough to give us an accurate assessment of him/her. This has been designed to provide a convenient method to describe the candidate in summary fashion. Please write in comments if possible.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent (Top 10%)
Responsibility					
Attitude					
Effort					
Interpersonal Skills					
Citizenship					

Additional comments that will indicate your estimation of this student's qualifications for this program including characteristics such as honesty, credibility, and trustworthiness.

Please check one

- I recommend that the above student be accepted into the Health Career Connections Program.
- I do not recommend that the above student be accepted into the Health Career Connections Program.

Teacher Signature _____ Subject Taught _____ Date _____



**Health Career Connections Program
Teacher Recommendation Form**

Student Name _____ Grade _____

High School _____

The following checklist is provided for those who know the student well enough to give us an accurate assessment of him/her. This has been designed to provide a convenient method to describe the candidate in summary fashion. Please write in comments if possible.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent (Top 10%)
Responsibility					
Attitude					
Effort					
Interpersonal Skills					
Citizenship					

Additional comments that will indicate your estimation of this student's qualifications for this program including characteristics such as honesty, credibility, and trustworthiness.

Please check one

- I recommend that the above student be accepted into the Health Career Connections Program.
- I do not recommend that the above student be accepted into the Health Career Connections Program.

Teacher Signature _____ Subject Taught _____ Date _____



**Health Career Connections Program
Community Member Recommendation Form**

Student Name _____ Grade _____

High School _____

The following checklist is provided for those who know the student well enough to give us an accurate assessment of him/her. This has been designed to provide a convenient method to describe the candidate in summary fashion. Please write in comments if possible.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent (Top 10%)
Responsibility					
Attitude					
Effort					
Interpersonal Skills					
Citizenship					

Additional comments that will indicate your estimation of this student's qualifications for this program including characteristics such as honesty, credibility, and trustworthiness.

Please check one

- I recommend that the above student be accepted into the Health Career Connections Program.
- I do not recommend that the above student be accepted into the Health Career Connections Program.

Signature _____ Community Role _____ Relationship to the Applicant _____ Date _____