Complete the application below using the information from assignments 1 to 4. Also, make sure you and your parents sign and date the form below.



Work Experience Application

Student Name: Last Name First Name					Student Number:		
Cu	rrent Grade: Cell # _		First Name	email:			
				Parent	t email:		_
Focus Areas							
	 Business and Applied Business 	S				Arts and Humanities	
	☐ Fine Arts, Design and Media					Applied Science	
	☐ Fitness and Recreation					spitality and Foods	
L	☐ Health and Human Services				Trades and	Technology	
My current Career Goals are:							
Support Courses: support courses must be related to your Career Focus Area of interest. List four courses that you have selected on your course selection that support your Career Focus Area:							
1.			2.				_
3.			4.				_
Explain how these Support Courses relate to your chosen Career Focus Area:							
Explain now those support courses relate to your endoor related related.							
List area idea for any Made Evenine alegamenta). Miles and idea in the total							
List some ideas for your Work Experience placement(s). Where would you like to go?							
					5.4		
Student signature:					Date:		
Parent's Signature:					Date:		
CPAdvisor's signature:					Dat	e.	
OF Autriour a arginature.					Dat	e:	_
Lar	m interested in learning more about th	na fo	llowing program(e) (/nlesse	chack)	any you are interested in	
		ie io	nowing program(s)	(piease	crieck)	any you are interested in	
_	E-IT (Trades Training						
	Auto Collision		Cabinet Maker			Hairdressing	
	Auto Refinishing		Carpentry			Plumbing	
	Auto Service Technician		Construction Electricia	n		Steel Fabrication	
			Cooks Training			Warehouse Person	
Industry Certification							
	Computer Support Technician		Fitness Instructor			Hospitality/Management	
Indi	ustry Connect						
	Film & Broadcast		Graphics/Media			Theatre Technician	
	Secondary School Apprenticeship						
	En	r mon	e information visit www.s	oi44 ca C	areer Programs		