

Co-Operative Education Application

It is important that you complete and submit this application correctly. Please follow all the information requirements very carefully.

Date Female Male

Name

School ID/Soc. Sec. # Last First MI e-mail

Home Address City State Zip

Phone Home Work State Zip

Employer e-mail

Supervisor

Work Address Title Phone City State Zip

Is parking available? Yes No

What product or service does your business sell, or provide? Is validation required? Yes No

Describe your job duties, (in sentence form.)

Work experience Paid Unpaid

Daily work schedule

Day & Times	<input type="text"/>
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Hours per week

What is your major? Section #

Current Co-op Ed semester Fall Spring Current Co-op Ed semester

Previous Co-op Ed units completed Where Hours per week

College units currently enrolled in (not Co-op Ed)
At LACC At other college Name of other college

Highest grade completed in school

Degree earned Other

How many college units have you completed at all colleges

