



# Central Vermont Career Center Cooperative Education Application

Application deadline is February 12, 2019

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Your CVCC email \_\_\_\_\_ Your cell phone # \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Parent email \_\_\_\_\_ Parent Phone # \_\_\_\_\_

CVCC Program \_\_\_\_\_  
 Sending School \_\_\_\_\_ Counselor at sending school \_\_\_\_\_  
 List any industry certifications: \_\_\_\_\_  
 Second choice program for 2019/20 \_\_\_\_\_

Are you working now? Yes/ No Dates \_\_\_\_\_

Name of your Employer \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Employer's Phone \_\_\_\_\_  
 Your job title/role \_\_\_\_\_  
 Full Name of your supervisor and title \_\_\_\_\_

Do you have transportation for Co-op? Yes/No If yes, how? \_\_\_\_\_  
 Do you have a valid driver's license? Yes/No If no, when will you have it? \_\_\_\_\_

**Other Work History**

Dates	Employer	Job Title	Address

Please list the extracurricular school and community activities you have been involved in over the last two years.

Name of Organization	Role You Played	Dates

_____ Applicant Signature	_____ Date	_____ Parent/Guardian Signature	_____ Date
Filling out an application DOES NOT assure a student of a Cooperative Education Placement			



## Central Vermont Career Center Cooperative Education Application Program Instructor Recommendation Form

Please fill out the form and return to Mr. Tozzi by February 12, 2019. **Please do not give this form back to the student.**

Student Name \_\_\_\_\_ CVCC Program \_\_\_\_\_

CVCC Marking Period Grades: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

CVCC Absences to Date \_\_\_\_\_ CVCC Tardies to Date \_\_\_\_\_ CVCC Early Dismissals to Date \_\_\_\_\_

1. What safety training has the student obtained in this program? \_\_\_\_\_
2. Why is the student qualified to represent CVCC on a Co-op job site? \_\_\_\_\_  
\_\_\_\_\_
3. What are the student's outstanding abilities or talents that they can use on a Co-op job site?  
\_\_\_\_\_
4. What are the student's opportunities of growth? \_\_\_\_\_  
\_\_\_\_\_

Please rate the following	Excellent	Good	Fair	Poor
Student cooperation				
Initiative				
Dependability				
Ability to take direction				
Acceptance of feedback				

Do you recommend this student for cooperative education placement? Yes    No

Would you hire this student if it were your business? Yes    No

How would you rate this student compared to your other co-op applicants? 1st    2nd    3rd

Have there been any discipline issues? Yes /No If yes, please explain \_\_\_\_\_

Instructor signature \_\_\_\_\_ Date \_\_\_\_\_



## Central Vermont Career Center Cooperative Education Application Sending School Counselor Recommendation Form

Please fill out the form and return to Mr. Tozzi by February 12, 2019. **Please do not give this form back to the student.**

Student Name \_\_\_\_\_ CVCC Program \_\_\_\_\_

Your Name \_\_\_\_\_ School \_\_\_\_\_

Contact Number \_\_\_\_\_ How long have you known the student? \_\_\_\_\_

Do you recommend this student for cooperative education placement? Yes    No

1. Why is the student qualified to represent CVCC on a Co-op job site? \_\_\_\_\_

\_\_\_\_\_

2. What are the student's outstanding abilities or talents that they can use on a Co-op job site?

\_\_\_\_\_

3. What are the student's opportunities of growth? \_\_\_\_\_

\_\_\_\_\_

Please rate the following	Excellent	Good	Fair	Poor
Student cooperation				
Initiative				
Dependability				
Ability to take direction				
Acceptance of feedback				

What classes does the student need to take senior year for graduation?

\_\_\_\_\_  
\_\_\_\_\_

Are morning or alternative classes an option?    Yes                      No

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_