

**WORK EXPERIENCE EDUCATION
STUDENT INFORMATION SHEET**

2017-2018

PERSONAL INFORMATION

School (X one): AEC _____ **Adult** _____

NAME: _____ **AGE:** _____ **CELL #:** _____

Do you text or receive email on your phone? _____ **How is best to contact you?** _____

HOME ADDRESS: _____

HOME PHONE: _____ **E-MAIL:** _____

PARENT(S) NAME: _____

PARENT(S) E-MAIL: _____

YOUR EMPLOYER: _____ **WORK PHONE:** _____

EMPLOYER ADDRESS: _____

HOURS WORKED PER WEEK (typical): _____ **HOW LONG:** _____

SUPERVISOR'S NAME: _____ **PHONE:** _____

JOB TITLE/DESCRIPTION OF DUTIES: _____

How did you obtain your current job? _____

Have you received any raises, promotions or commendations? If so what: _____

What training did you receive for your job? _____

PREVIOUS EMPLOYER: _____ **HOW LONG:** _____

JOB TITLE/DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

SCHOOL INFORMATION

How many classes are you taking this semester (including WE)? _____

Why do you work?

Why did you enroll in work experience?

What would you like to learn from this class?

What are your plans after graduation?

What are your career goals? _____

What type of classroom activities do you enjoy most? _____

What type of classroom activities do you enjoy least? _____

What are your extracurricular activities or hobbies? _____

What computer programs do you know best? _____

Do you have access to a computer outside of school?

___ **Yes** ___ **No**

Do you have a smart phone you can use in class?

___ **Yes** ___ **No**

	Morning before 9am	Day 8am – 6pm	Afternoon 4pm onwards	Evening 6pm onwards	Late Night 7pm–12:30am
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					