

Work-Based Learning & Youth Apprenticeship Employment Sponsor Information Form

STUDENT NAME: _____ SCHOOL ID # _____

ADDRESS: _____ HOME PHONE: _____

_____ CELL PHONE : _____

EMAIL: _____ CAREER FOCUS AFTER GRADUATION: _____

JOB TITLE AT WORK: _____ DATE OF HIRE: _____

EMPLOYER/SPONSOR INFORMATION: (TO BE COMPLETED BY STUDENT'S EMPLOYER, MENTOR OR SPONSOR)

NAME OF COMPANY/BUSINESS: _____

NAME OF SUPERVISOR: _____ NAME OF DAILY MENTOR: _____

ADDRESS OF BUSINESS: _____ SUPERVISOR CELL PHONE: _____

_____ BUSINESS PHONE: _____

SUPERVISOR EMAIL: _____

APPROXIMATE NUMBER OF HOURS WORKING (PER WEEK): _____ RATE OF PAY (PER HOUR): _____

PLEASE LIST THE MAJOR TASKS, ASSIGNMENTS AND DAILY RESPONSIBILITIES THAT THE STUDENT HAS AT WORK: (USE BACK IF NECESSARY)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

EMPLOYER NAME (PLEASE PRINT)

EMPLOYER SIGNATURE

DATE

Please return to Ms. Janice Cooper-King, Work-Based Learning Coordinator, Pebblebrook High School