

GLEN ULLIN HIGH SCHOOL

Job Shadow Application

Last Name	First	Middle Initial
Street Address	City	State
Zip		
Grade Age	Student ID #	Date of Application

List two occupations you would be interested in job shadowing:

1st Choice: _____ 2nd Choice _____

Name of Business you would like to job shadow: _____

Person to contact: _____ Phone: _____

Have you job shadowed at this business before? (Circle one) Yes No

If yes, when did you have this job shadowing experience? _____

When would you like to go the the job site?

Month: _____ Day of week: _____ Time of day: _____

Do you curently have a job or have you been employeed in the past? (Circle one) Yes No

If yes, please list a brief description of the work you have done : _____

List any school or extra-curricular activities you are or have been involved in:

List any volunteer or work activities that will assist you in attaining your career goal:
