



## Cooperative Education Application

The information you enter below may be given to potential employers.  
Please take the time to complete the form carefully and accurately. **Please print clearly.**

**Applying for:** (circle one) Fall Spring Summer 200\_\_ **Major:** \_\_\_\_\_

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

I would like to use my current job (pending approval): Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what type of job or internship do you prefer? \_\_\_\_\_

How did you hear about the Co-op Program? \_\_\_\_\_

---

---

### Employment History *(please list most recent position FIRST)*

Employer: \_\_\_\_\_

Dates of employment: \_\_\_/\_\_\_ TO: \_\_\_/\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

---

---

Employer: \_\_\_\_\_

Dates Of Employment: \_\_\_/\_\_\_ TO \_\_\_/\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

## RELEASE:

I hereby authorize the Department of Career Services/Cooperative Education to release this information. I understand that they may also release information relating to my academic standing, my resume, names of references and personal recommendations. In order for me to participate in this program I will register for the proper cooperative education course.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do Not Write Below This Line**  
**\*\*\*\*For Office Use Only\*\*\*\***

Total Credits Prior to Co-op: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Prerequisite Courses Taken: Yes \_\_\_\_ No \_\_\_\_

## Employer Referrals

	<i>Employer</i>	<i>Date Sent</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_