

**APPLICATION FOR
COOPERATIVE EDUCATION**
Office # 1010

Office of Cooperative Education
West Virginia University at Parkersburg
300 Campus Drive
Parkersburg, WV 26104

APPLICANT INFORMATION

Name _____ Date _____

Address _____ City _____ State/Zip _____

WVUPID _____ Phone _____

E-mail address: _____

U.S. Citizen yes no Perm Resident yes no Student Visa yes no

Advisor _____ Major _____

Expected Grad Date _____ Overall GPA _____ Total Credits _____

COLLEGE

(Name of other colleges attended)

(Degree/Major)

EMPLOYMENT HISTORY

(Include permanent, cooperative, intern, volunteer, summer work, and any prior military service)

Experience	Description	Dates	Hrs/Wk
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Skills

CURRENT OR POTENTIAL EMPLOYER (select one)

Firm _____ Phone _____

Address _____ City _____ State/Zip _____

Type of Business _____

Supervisor _____

CO-OP PREFERENCE

Co-op plan preferred (please select one)

- Parallel** – for students with part-time jobs
Students attend the college on a full-time basis while working a co-op job on a part-time basis for 5-20 hours per week
- Alternate** – for students with temporary full-time jobs
Students alternate periods of full-time study with periods of full-time co-op employment. These periods may cover a full semester or a summer period of approximately 12-16 weeks.
- Career Advancement** – for students with permanent jobs
Students attend the college on a part-time basis in pursuit of a degree or certificate while participating in planned and supervised learning experiences with their permanent full-time employer

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name _____ Phone _____

Address _____ City _____ State/Zip _____

I hereby authorize the Cooperative Education Office, its Director and Staff to grant access to and or to release all materials relating to me contained in the files of said office to all prospective employers for the purpose of assisting me in securing employment

_____ Date

_____ Signature

PERSONAL DATA

This personal data will in no way affect your application for admission to the program. This information will be used only for statistical purposes; completion is optional.

Birth date: _____

Please indicate the category in each area that applies to you.

- | | | | | |
|-------------|---------------------------------|------------------------|-----------------------------------|------------------------------------|
| SEX: | <input type="checkbox"/> male | MARITAL STATUS: | <input type="checkbox"/> single | <input type="checkbox"/> widowed |
| | <input type="checkbox"/> female | | <input type="checkbox"/> married | <input type="checkbox"/> separated |
| | | | <input type="checkbox"/> divorced | |

- | | | |
|--------------------------|---|--|
| ETHNIC BACKGROUND | <input type="checkbox"/> White non-Hispanic | <input type="checkbox"/> Asian or Pacific Islander |
| | <input type="checkbox"/> American Indian/Alaskan native | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> African American non-Hispanic | <input type="checkbox"/> other |

OTHER

- | | |
|---|--|
| <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> orthopedically impaired |
| <input type="checkbox"/> deaf | <input type="checkbox"/> other impairment |
| <input type="checkbox"/> speech impairment | <input type="checkbox"/> blind |
| <input type="checkbox"/> visually handicapped | <input type="checkbox"/> multi handicapped |