



## Co-op Information Form 2016-17

Name: \_\_\_\_\_ Age in September 2016: \_\_\_\_\_  
Age in February 2017: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell # (student): \_\_\_\_\_

Are you in the Specialist High Skills Major program? If yes, check:  Construction  
 Health & Wellness

List three job placements you would be interested in:

	<b>Area of Interest</b> (pets, children, elderly, cars, etc.)	<b>Specific Place</b> (if known)	<b>Contact Name &amp; #</b> (if known)
<b>1</b>			
<b>2</b>			
<b>3</b>			

How many days have you been absent this year? 0-5  5-10  10-15  15+

Do you have transportation available? Yes  No

Do you have a car or will someone be able to drive you to your placement every day? Yes   
No

Why did you choose Co-op?

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*Please complete and return this form to the Co-op or Guidance office.*