## LIVINGSTON AREA CAREER CENTER Inter-Related Cooperative Education (I.C.E.) Application

Name	Date	_GradeAge		
Address	Telephone			
	Cell phone			
E-mail Address		·		
Birthdate				
Hobbies				
Counselor's Name				
Activities: Athletics	School			
Church	Community			
<u>Career Interest</u>				
What kind of job would you like to train for:				
I prefer to work with (check one): my hands	machines pe	ople		
Given the opportunity to work for any compan choose?				
Why:				
What do you plan to do after graduation?				
What are your future education plans?				
What would you like to be doing in five years?				
<u>Education</u>				
What is your present schedule?				
Hour Subject	Teacher	Room		
1				
2				
3				
4				
5				
6				
7				
8.				

What courses do you plan to take next year? What are you required to take?

## Work Experience

Job Title	Employer		Da	ites
Are you available for summer e Are you planning to take summ Could you drive to work?	er Civics?		ration:	
Faculty Recommendations				
List three teachers who would r	-			
Family Background				
Father or guardian: Occupation: Address:				
Mother of guardian: Occupation: Address:				
Do you live with: Both parents_	; Father	; Mother	; Guardian	; Other
Number of brothers	, ages	Sisters	, Ages	
Additional comments: Why do	you want to be	in the Co-op pro	gram?	

<sup>\*\*</sup>Please return this form to the Guidance office.