

**GAVILAN  COLLEGE**  
**Cooperative Work Experience Education Application**

Last Name	First Name	G#
Term/Year	Number of Units Enrolled	Today's Date

**Student Contact Information**

Street Address		
City	State	Zip Code
Contact Number	Email Address	

**Employer Information**

Company Name	Supervisor's Name	
Street Address		
City	State	Zip Code
Contact Number	Email Address	

**Employment Information**

Job Title/Position	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid/Volunteer
Job Duties	

**Work Schedule**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Minimum # of hours scheduled/week			Maximum # of hours scheduled/week			
Date Employed			Best time to contact supervisor			
How does this job relate to your major?						

(This form is due by the end of the 2<sup>nd</sup> week of each term enrolled)