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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS-logoweb.png | EXPERIENTIAL LEARNING APPLICATION | Spokane Falls Community College Workforce Education MS 3240 3410 W Fort George Wright DrSpokane WA 99224-5288509-533-7249FAX 509-533-8681 |
| [ ]  Co-op [ ]  Internship [ ]  Volunteer [ ]  Service-Learning [ ]  Job shadow [ ]  Other [ ]  Paid [ ]  Unpaid |
| QUARTER/YEAR: | [ ]  Fall  |       | [ ]  Winter |       | [ ]  Spring |       | [ ]  Summer |       | Date |       |
|  |  |  |  |  |  |  |  |  |  |  |
|       |       |       |
| Student’s name | Student identification number | Major |
|       |       |
| Address | Phone |
|       |       |       |
| City | State | ZIP |
| **INFORMATION NEEDED:** |
| 1. Resume |
| 2. Transcripts: [ ]  High school or GED (if first quarter) [ ]  College (after completion of one quarter) |
| 3. Complete class schedule below |
| Have you been awarded work study? [ ]  Yes [ ]  No |  |
| Do you have transportation? [ ]  Yes [ ]  No |  |
| Anticipated date of graduation |       |  |
| Are you legally entitled to work in the U.S.? [ ]  Yes [ ]  No |  |
| Do you have a valid Washington driver’s license? [ ]  Yes [ ]  No |
| **STUDENT TRAINING AND CLASS SCHEDULE**Please write in class titles and room numbers . . . include work schedule too. |
| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 7:30-8:30am |       |       |       |       |       |       |       |
| 8:30-9:30am |       |       |       |       |       |       |       |
| 9:30-10:30am |       |       |       |       |       |       |       |
| 10:30-11:30am |       |       |       |       |       |       |       |
| 11:30-12:30pm |       |       |       |       |       |       |       |
| 12:30-1:30pm |       |       |       |       |       |       |       |
| 1:30-2:30pm |       |       |       |       |       |       |       |
| 2:30-3:30pm |       |       |       |       |       |       |       |
| 3:30-4:30pm |       |       |       |       |       |       |       |
| 4:30-5:30pm |       |       |       |       |       |       |       |
| 5:30-6:30pm |       |       |       |       |       |       |       |
| Other |       |       |       |       |       |       |       |
|  |
| Referral for appointment: |
| Coordinator |       | Department |       | Office Location |       |
|  |  |
| Original - Workforce Office | Copy - Coordinator |