Job Shadow Experience Application

To apply for the Job Shadow Experience:

- Complete application form by deadline
- Submit resume with application form
- Attend a pre-experience workshop

First Name: ___________________________  Last Name ___________________________

Phone Number(s) home: ___________________________  Cell: ___________________________

Preferred Email: ___________________________

Major: __________________________________  Minor: ___________________________

List your Career Interests:

Class Level:  _____ Freshman  _____ Sophomore  _____ Junior  _____ Senior  _____ Graduate Student

Please describe in a brief statement why you want to participate in the Job Shadow Program.

List Locations where you will be able to do a job shadow (You are responsible for all expenses related to transportation or lodging.)

___________________________________________________________________________________

Preferred length of Job Shadow:  _____ 1-2 days  _____ 3-5 days  _____ any length

Job Shadow Experience you are applying for: List in order of preference. Only list job shadows for which you will accept placement.

1st choice number: ____________  Organization: ___________________________

2nd choice number: ____________  Organization: ___________________________

3rd choice number: ____________  Organization: ___________________________
Statement of Participation

I understand that:

_____ My application to the job shadow experience program does not guarantee me a match.

_____ I am expected to accept and complete the job shadow to which I am placed.

_____ I will attend a pre-experience workshop

_____ If I am not able to participate or to complete my job shadow, I will explain in writing to the sponsor within two weeks of the cancellation and will send a copy to Meaghan Clister, Career Services.

_____ If a medical or family emergency occurs that prevents me from attending my experience, I will contact my sponsor and the Career Services office immediately.

_____ If I am matched with a sponsor, I must contact that sponsor and make final arrangements.

_____ I must complete a brief post-experience survey and assessment of the job shadow program.

_____ I am expected to dress and act in a manner consistent with the professional standards of the organization.

_____ I am responsible for all travel and housing costs associated with my experience.

_____ My contact in the Career Services Office is Meaghan Clister, Coordinator of Cooperative Education, clister@calu.edu 724.938.4057

Student Signature: ________________________________ Date: ___________________