



**Chilliwack
School District**

Work Experience Placement Request Form

DATE: _____ NAME: _____ STUDENT #: _____

SCHOOL: _____ EMAIL: _____

ADDRESS: _____ POSTAL: _____

HOME PHONE: _____ CELL PHONE: _____

Please answer ALL of the following questions:

1. Are you registered in a WEX12 course? **YES** **NO**
 If YES, who is your WEX12 Teacher? _____

2. What type of job would you like for your Work Experience placement? _____

3. Do you want to do your Work Experience with a specific employer? **YES** **NO**
BUSINESS NAME: _____ **CONTACT NAME:** _____

ADDRESS: _____ **PHONE:** _____

4. Please list any special skills, training or certificates (e.g. Food Safe, etc.)

5. Do you have transportation to and from a work site? **YES** **NO** *(If YES, please specify)*

6. What day(s) are best for you to attend a Work Experience placement? *(Please check ALL that apply)*
Sun Mon Tues Wed Thurs Fri Day 1 Day 2

7. Do you want to do your Work Experience during the following times? *(Please check ALL that apply)*
Spring Break Winter Break Semester Break Pro-D Days Other: _____

Student Signature: _____

*****Please complete this form IN FULL.
Incomplete forms will be returned to the student.*****