

JOB "TRAINING SITE" INFORMATION SHEET (Due each quarter)

1. STUDENT NAME _____ **Your Cell Number** _____

Home Address _____ City _____ Zip _____

Home Phone Number _____ **Your email address** _____

Mother/Guardian Name _____ Daytime Phone (work or cell) _____

Father/ Guardian Name _____ Daytime Phone (work or cell) _____

2. TRAINING STATION (Place of Employment)

Name of Business _____

Address (complete mailing) _____ City _____ Zip _____

Business Phone Number _____ Fax Number _____ E- Mail _____

Directions/Map to Job Location from Eagle Academy _____

Type of Business _____

Hours of Operation _____

3. SUPERVISOR/TRAINING SPONSOR

Name _____
First Last Title

4. YOUR JOB TITLE & RESPONSIBILITIES

Your Typical Hours and Days that you are scheduled to work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							