

# Nebraska Career Academy

## Sampleville's Career Academy Application



◆ This is an example of a Career Academy application. The information collected here may be more than your program would desire. Feel free to add or delete the sections of this application to meet the needs of your school's academy program.

### Directions

1. Please write legibly, or use the online application and print it before submitting to the Career Academy Coordinator. If you have questions completing the application please contact Mr. Doe at 555-1212
2. Applications are due: February 14

Name \_\_\_\_\_ Current Grade Level: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Can you receive texts? Yes No  
Year-round e-mail addresss \_\_\_\_\_  
Do you have a valid driver's license? Yes No

### Circle the ONE Career Academy you are applying for.

Students may apply to be involved in one of eight Career Academy Programs.

Health Science  
Business

Education  
Agriculture

Construction  
Manufacturing

Information Technology  
Biosciences

### Answer the following questions:

1. What career awareness activities have you experienced that made you choose to apply for the academy you selected?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What do you hope to learn from participating in the academy you selected?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### STUDENT CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if selected for the Career Academy, falsified statements may be grounds for removal. I authorize investigation of all statements contained herein, the references listed in this application and all information concerning previous employers, and release all parties from liability for any damage that may result from furnishing the same to you. I understand that as part of the work experience component of the Career Academy, employers may require drug testing, insurance approval, and/or background checks. I have read the attached information sheet and understand the high level of commitment that will be required on the part of both students and their parent(s)/guardian(s), if selected.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COUNSELOR/ADVISING TEACHER \_\_\_\_\_ DATE \_\_\_\_\_

