



# Job Shadow Application



Last Name		First		Middle Initial	
Street Address		City	State	Zip	
Grade	Age	Student ID #	Date of Application		
List two occupations you would be interested in job shadowing: 1st Choice: _____ 2nd Choice _____					
List any preference you may have for your job shadow location: _____					
Person to contact: _____			Phone: _____		
Have you job shadowed at this business before? (Circle one)      Yes      No					
If yes, when did you have this job shadowing experience?					
Do you have a preference of when would you like to go to the job site?					
Month: _____		Day of the week: _____		Time of day: _____	
Do you currently have a job or have you been employed in the past? (Circle one)      Yes      No					
If yes, please list a brief description of the work you have done: _____					
_____					
_____					
_____					
Please list any school or extra-curricular activities you are or have been involved in:					
_____					
_____					
_____					
List any volunteer or work activities that will assist you in attaining your career goal:					
_____					
_____					

Please explain how this job shadowing experience will benefit you:

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Do you have any special concerns or requests?

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*Your job shadow will be arranged for a time that is convenience for the person you will be shadowing and be during normal business/school hours. Signing this application in the space provided below indicates that you fully understand the following statements.*

- I understand that Minot Public Schools assumes no responsibility for health, accident, or transportation insurance while job shadowing.
- I agree to provide or arrange transportation to and from the job site.
- I promise to abide by all business policies and all school policies included in the student handbook while on my job shadow.

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Signature of Applicant Date

Parent or Guardian must support and grant permission for their son/daughter to participate in the Minot Public Schools Job Shadow Program. Students also need permission and a signature from their Principal.

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Signature of Parent or Guardian Date

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Principal's Signature Date

**Please return this application to your school counselor, instructor, or career counselor.**  
*You will be notified when the job shadow has been arranged.*

## Job Shadow Placement

*This Section For Office Use Only*

Business		Phone #	
Contact Person's Name	Date of Shadow	Time	
Comments:			