

PREPARATION FOR INDUSTRY

Student Name: Program:	Phone: AM / PM
1. 7/12 Segments completed?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
2. C (2.0) or better in class	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
3. Attendance-No more than 5 absences per semester	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
4. Career Ready Habits – 80% or better	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
5. Academic Pullouts?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
6. Driver’s License or Transportation	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
7. EDP matches job placement	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
8. Updated portfolio-resume, references	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
9. List of Businesses of Interest	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
10. Parental Consent to work?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
11. Do student’s abilities match job goal?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
12. Hours (24 hours maximum) <input type="checkbox"/> Day shift <input type="checkbox"/> Afternoon shift	
13. Employer – Proof of Workers Compensation/Gen.Liability?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
14. Relevant training/certifications? Please explain: OSHA, etc.	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
15. Relevant work history?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
16. Any workplace accommodations needed?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
17. Copy of Social Security? Driver’s License? State ID?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
18. Mock interview completed?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
19. Fired/dismissed from recent jobs? Explain circumstances -	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
20. Appropriate clothing for interviews?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
21. Any commitments that may impact work attendance?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
22. The ability to pass a drug and/or alcohol screening?	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>
23. Do you have a criminal record? Please describe -	yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/>