

# Job Shadowing Event Application

Student Name: \_\_\_\_\_

Student email: \_\_\_\_\_

Student cell number: \_\_\_\_\_

Student Academic Major & Minor: \_\_\_\_\_

Class designation:  Freshman,  Sophomore,  Junior,  Senior

Please indicate the date and time, when you are *not in class and available to participate* in the Job Shadowing Experience:

Date(s): \_\_\_/\_\_\_/\_\_\_ --- \_\_\_/\_\_\_/\_\_\_  8:00-12:00pm (and/or)  12:00-4:00pm

Please list the job title for the job you want to observe, during the job shadowing experience:  
(Physician, Accountant, Researcher, Counselor, etc...)

Do you have transportation to the job site for the job shadowing experience?  Yes  No

Do you agree to follow through with any appointments scheduled by the job shadow site?  Yes  
 No

Date completed: \_\_\_/\_\_\_/\_\_\_ (appointments completed)

Do you agree to schedule an appointment for resume review?  Yes  No

Date completed: \_\_\_/\_\_\_/\_\_\_ (resume reviewed)

Do you agree to participate in the required job shadow orientation?  Yes  No

Date completed: \_\_\_/\_\_\_/\_\_\_ (job shadow orientation)

Do you agree to write a thank you note to your job shadow host?  Yes  No

Date completed: \_\_\_/\_\_\_/\_\_\_ (thank you note mailed)

*Please attach your resume indicating the job title for the type of job you want to shadow. (This resume should be in a Word document not pdf or other file.) Please contact Ms. Robin Lay, at 423.636.7447 or rlay@tusculum.edu, for more information.*

Signature: \_\_\_\_\_

Revised Date: 8/22/18