



**Chilliwack  
School District**  
CAREER EDUCATION

# Work Experience Placement Request

**Complete this form, even if you are NOT registered in a WEX12 course.  
Any students in grades 10-12 may request a community-based Work Experience placement**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ POSTAL: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

***Please answer ALL of the following questions:***

1. Are you registered in a WEX12 course?      **YES**      **NO**      WEX12A or      WEX12B (please specify)  
If YES, who is your WEX12 Teacher? \_\_\_\_\_

2. What type of job would you like for your Work Experience placement? \_\_\_\_\_

3. Do you want to do your Work Experience with a specific employer?      **YES**      **NO**

**BUSINESS NAME:** \_\_\_\_\_ **CONTACT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

4. Please list any special skills, training or certificates you have completed (e.g. Food Safe, etc.)  
\_\_\_\_\_

5. Do you have transportation to and from a work site?      **YES**      **NO**      (If YES, please specify)  
\_\_\_\_\_

6. What day(s) are best for you to attend a Work Experience placement? (Please check ALL that apply)

Sun      Mon      Tues      Wed      Thurs      Fri      Sat      Day 1      Day 2

7. Do you want to do your Work Experience during the following times? (Please check ALL that apply)

Spring Break      Winter Break      Semester Break      Pro-D Days      Other: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

***Submit this completed form to your school Work Experience Facilitator***

***\*\*Please complete this form IN FULL.***

***Incomplete forms will be returned to the student.\*\****