



77 Forester Avenue, PO Box 593, Warwick, NY 10990-1107 • 845-986-2271 • Fax 845-986-0399 • www.mechanicalrubber.com

## Job Shadow Application

This application is for students who want less than 25 hours experience. If you want more than 25 hours, complete our "Internship Application".

Last Name		First Name		Middle Initial
Street Address		City	State	Zip
Grade	Age	Student ID #	Name of School	Date of Application
List two occupations you would be interested in job shadowing: 1st Choice: _____ 2nd Choice: _____				
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 you would be available? 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. <del>Where?</del> : _____ _____ _____ _____				
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? Requirements?

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**Applicant Signature:** Your job shadow will be arranged for a time that is convenient for the person(s) 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 Mechanical Rubber Products Company, Inc. assumes no responsibility for health, accident, or transportation insurance while job shadowing.
- I understand that I am responsible for transportation to and from the job site.
- I agree 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 Signature:** Parent or Guardian must support and grant permission for their son/daughter to participate in the Job Shadow Program.

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Signature of Parent or Guardian Date

**Eligibility & Attendance Check:** Your School Principal needs to confirm that you are meeting the requirements for Academic Eligibility and Attendance.

**Academic Eligibility**       **Attendance**      **Eligibility Ends on:** \_\_\_\_\_

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:			
Eligibility Confirmation - before final arrangements are made (Office Staff Initials):			