

Austin Parkway Student Job Application

Personal Data (Please Print)

Name: First: _____ Last: _____

Teacher's Name: _____ Transportation to School: BUS () CAR ()

Telephone Number(s): _____

Where Parents can be Reached During the School Day

Cell: (____) _____ Home: (____) _____

POSITION APPLIED FOR: 1. _____ 2. _____ 3. _____

KAPE Broadcast /On Camera:

____ Anchor

____ Birthday Celebration reporter

____ Healthy Hound

____ Learner's Creed

____ Science Word of the Week

Behind the Scenes:

____ Camera

____ Runner

____ PowerPoint/Computer

____ Audio mixer

____ Video mixer

GENERAL INFORMATION

List skills related to this position.

1. _____
2. _____
3. _____

On the back of this page in your own handwriting, please tell us briefly about yourself, your ambitions and reasons for wanting this position.

By signing below, you hereby certify that all information contained in this application is true and correct to the best of your knowledge. REFERENCES MAY BE REQUESTED.

Signature of Applicant: _____ Parent's Signature: _____

Date: _____ Date: _____

Please email lisa.robinson@fortbendisd.com if you have any questions!