

JOB SHADOW

JACKSON COUNTY INDUSTRIAL DEVELOPMENT CORPORATION (JCIDC)
and
SEYMOUR HIGH SCHOOL
Student Services

JOB SHADOW SURVEY

STUDENT NAME: _____ GRADE: _____

Phone Number: _____ Cell: _____

Email Address: _____

Please indicate your interested career clusters and list your specific career interests.

Career Clusters (Check all that apply)

<input type="radio"/> Agriculture, Food & Natural Resources	<input type="radio"/> Hospitality & Tourism
<input type="radio"/> Architecture & Construction	<input type="radio"/> Human Services
<input type="radio"/> Arts, A/V Technology & Communications	<input type="radio"/> Information Technology
<input type="radio"/> Business, Management & Administration	<input type="radio"/> Law, Public Safety, Corrections & Security
<input type="radio"/> Education & Training	<input type="radio"/> Manufacturing
<input type="radio"/> Finance	<input type="radio"/> Marketing, Sales & Service
<input type="radio"/> Government & Public Administration	<input type="radio"/> Science, Technology, Engineering & Mathematics
<input type="radio"/> Health Science	<input type="radio"/> Transportation, Distribution, & Logistics

I am most interested in the following specific careers: (ex. 1. Nursing, 2. Radiology, 3. Social Work)

Career	Company and/or contact if applicable
1.	
2.	
3.	

Please list any dates to which you are previously committed (Sports schedule, performances, etc.)

1.	4.
2.	5.
3.	6.

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The following questions are asked to help your Workplace Host with some introductory information about you and your interests. This information will be used to provide a positive Job Shadowing experience for you.

- Do you have any work experience? What jobs have you done? Are you currently working?

- What are your goals for your Job Shadow experience?

- What are your favorite sports, hobbies, or activities?

Please remember that asking to participate in a job shadow requires responsibility by the student. A partnering facility will be asked to interrupt their regular daily schedule to accommodate you and they will accept you into their work environment. Be certain to follow through with this commitment to JCIDC and your Job Shadow host. If for any reason you will not be able to make your assigned appointment, you will be asked to contact your host immediately.

Student Signature: _____

RETURN THIS REQUEST FORM TO YOUR GUIDANCE COUNSELOR

Guidance Counselor Signature: _____

I would like a call from JCIDC to discuss this applicant further.

Jody A. Deckard
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