



PLACEMENT APPLICATION FORM

RETURN THIS FORM TO:

Human Resources Department – 3rd Floor
801 Crawford Street
Portsmouth, VA 23704

REQUEST FOR (Check one)
<input type="checkbox"/> Student Teaching
<input type="checkbox"/> Practicum/Observation
<input type="checkbox"/> Admin. Internship
<input type="checkbox"/> Semester (circle one)
Fall * Spring

CANDIDATE INFORMATION

Date _____

Name: _____ Last _____ First _____ Middle Initial _____

Local Address _____

Current Phone _____ E-mail address _____

College/University _____ College Advisor _____

Grade/Subject Level Requested _____

School Requested _____ Numbers of Hours Needed _____

Beginning and Ending Dates: From _____ to _____

Current employee? _____ If so, list position and school _____

Student's Signature _____ Date _____

Supervisor's Signature _____ Date _____

A recent TB test or screening must be submitted with this form prior to approval

**HUMAN RESOURCES NOTIFICATION
(Office Use Only)**

Approved _____(School)

Rejected _____

Approver Signature _____ Date _____

*If multiple requests are made, a new form must accompany each request.