



**TRANSITION SERVICES**  
**Student Support Services**  
 1325 Corporate Blvd., Suite D, Reno, NV 89502  
 Phone: 775-327-3940  
 Fax: 775-857-3183

|                 |
|-----------------|
| OFFICE USE ONLY |
| Semester _____  |
| Credit(s) _____ |
| IEP _____       |

## WORK EXPERIENCE APPLICATION (F140)

|   |  |
|---|--|
| <input type="checkbox"/> ORIGINAL ENROLLMENT<br>OR<br><input type="checkbox"/> CHANGE OF EMPLOYMENT | <input type="checkbox"/> PAID EMPLOYMENT<br>OR<br><input type="checkbox"/> VOLUNTEER/COMMUNITY SERVICE |
|---|--|

STUDENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CASE MANAGER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

**Parent/Guardian** - Please answer the following:

- 1) Is the student/family receiving Social Security Benefits that could be affected by working?  
Yes    No
- 2) The above student has my permission to be employed: Part Time  OR Full Time

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
 (Student signature if 18 or older)

**My signature authorizes the WCSD Transition Services to  
 verify employment of the above student.**

**EMPLOYER'S STATEMENT** \_\_\_\_\_ DATE \_\_\_\_\_

MY EMPLOYEE \_\_\_\_\_ WORKS AS A \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SUPERVISOR AT WORK \_\_\_\_\_ TITLE \_\_\_\_\_  
 (Please Print)

**[AS AN EMPLOYER, I COMPLY WITH FEDERAL AND STATE CHILD LABOR LAWS.]**

EMPLOYER SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

|  |
|--|
| OFFICE USE ONLY                            |
| Employment Verification: _____ Date: _____ |

