

**SME and SBE APPLICATION**  
**Supervised Marketing Employment**  
**Supervised Business Employment**

**Stacey Dunavant, Coordinator**  
Logan-Rogersville High School  
4700 South State Highway 125  
Rogersville, MO 65742  
(417) 753-2813

I am applying for the (circle one): **SME** or **SBE** program

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Junior \_\_\_\_\_ Senior \_\_\_\_\_

Father and/or Guardian \_\_\_\_\_

Father and/or Guardian Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mother and/or Guardian \_\_\_\_\_

Mother and/or Guardian Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

What is your career objective following high school?  
\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, include the following:

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Date you were hired \_\_\_\_\_

Can you provide your own transportation? \_\_\_\_\_

List any physical limitations you have \_\_\_\_\_

Personal References (Not relatives or former employers)

	Name	Address and Telephone	Occupation
1.	_____	_____	_____
2.	_____	_____	_____

Employment Record (List most recent employer first)

	Company name, address, and telephone	Reason for leaving
1.	_____	_____
2.	_____	_____

The training station sponsors may see this application. I agree to have the information in this form made available to them.

Date \_\_\_\_\_ Signature \_\_\_\_\_