

Job Shadow Application Form

Shadows are allowed to observe *a partial workday*, within the actual atmosphere, witnessing firsthand the work they may be interested in.

Section I. To be completed by the Shadow

Name: _____

Your Current Position Title: _____

What is the position you wish to shadow? _____

What do you hope to gain from the experience? _____

How will this placement help to meet your professional developmental needs?

Are there any aspects of the role you are particularly interested in observing? _____

Section 2. Assignment and signatures

Dates of placement (which dates/times work best for you):

Shadow Signature _____

Host Signature _____

Shadow Supervisor Signature _____

Shadow Manager Signature _____

Host Supervisor Signature _____

Host Manager Signature _____

Please send a completed copy of this form to Human Resources (cohumanresources@maricopa.gov).