## DIVISION OF VOCATIONAL, ADULT AND COMMUNITY EDUCATION APPLICATION FOR EMPLOYMENT CERTIFICATE AND

#### TRAINING AGREEMENT FOR COOPERATIVE EDUCATION STUDENTS

Employer				Date	
I intend to em	ploy			_	
	(First Name)	(Middle)	(Last Name)	(Address,	City, State)
in capacity of			Beverage License	Yes	No Type:
1 2	(Duties of Minor)	(Type of Industry)	_ 0		
(Name of Firm)		(Address, City, State)		(Telephone)	
For days per week, hours per day, between the hours of					
	•••	I	•	(Ā	ppropriate hours must be filled in)

# EMPLOYER'S RESPONSIBILITIES IN COOPERATIVE EDUCATION: The employer agrees to place the

trainee in the work specified above for the purpose of providing occupational experience of the instructional value. The work activity will be under the supervision of a qualified supervisor. The work will be performed under safe and hazard free condition. The trainee will receive the same consideration given employees with regard to safety, health, social security, general work conditions and other policies and procedures of the firm. The employer will adhere to all state and federal regulations regarding employment, child labor laws and minimum wages, and will not discriminate in employment policies, educational programs or activities for reasons of race, sex, color, religion, national origin, marital status, age or handicap.

#### TEACHER/COORDINATOR'S RESPONSIBILITIES IN COOPERATIVE EDUCATION: The

teacher/coordinator agrees to visit each trainee at the training station and will continue a close working relationship with the person to whom the trainee is responsible while on the job. The teacher/coordinator shall attempt to resolve any complaints through the cooperative efforts of all parties concerned. The teacher/coordinator will meet with each trainee's parent and/or guardian prior to job placement and during the school year. The local education office will keep each trainee's Training Agreement on file for three years.

**PARENT'S/GUARDIAN'S RESPONSIBILITIES IN COOPERATIVE EDUCATION:** Parents and/or guardian agree for the student to participate in Cooperative Education as provided by the public schools.

**TRAINEE'S RESPONSIBILITIES IN COOPERATIVE EDUCATION:** The trainee agrees to follow rules and guidelines established by the school, employer and coordinator with regard to hours of work, school attendance and reporting procedures.

This document establishes an agreement between the school and employer on the conditions of training to be given a student while on the job. It should not be interpreted as a legal instrument nor an any form of binding contract.

WE, THE UNDERSIGNED, have read this Training Agreement and understand the conditions and provisions contained herein.

Trainee \_\_\_\_\_

Teacher/Coordinator

Parent/Guardian

Employer \_\_\_\_\_

School Term \_\_\_\_\_

## HAMILTON COUNTY HIGH SCHOOL ON THE JOB TRAINING PROGRAM

## STUDENT INFORMATION SHEET

## Please print the following information:

Personal Information:	
Student Name	
Address	
Parent/Guardian	
Telephone Number	

<b>Employment Information:</b>	
Place of Employment	
Address	
Telephone Number	
Supervisor	

School Term \_\_\_\_\_

### HAMILTON COUNTY HIGH SCHOOL On The Job Training Program

#### STUDENT JOB DESCRIPTION

In the space provided below, write a brief description of your job. Discuss your job duties with your immediate job supervisor before completing the job description.

#### JOB DESCRIPTION:

In the space provided below, write the title of the ultimate career goal you wish to achieve such as a carpenter, teacher, plumber, teller, etc.

\_\_\_\_\_

#### YOUR CAREER OBJECTIVE:

In the space provided below, list all of the duties and responsibilities that are assigned to you. List daily job tasks and duties that are routinely assigned to you.

Comments:		
STUDENT SIGNATURE:	 	
SUPERVISOR SIGNATURE:	 	
COORDINATOR SIGNATURE:	 	

### HAMILTON COUNTY HIGH SCHOOL

### Guidelines For On The Job Training Credit

### The following rules apply in order to receive credit for hours worked:

- 1. Students are required to follow the absentee policy of Hamilton County High School.
- 2. Students absent from school on **Friday** may not receive credit for hours worked on **Friday** or **Saturday**.
- 3. Students absent from school on **Monday** may not receive credit for hours worked on **Sunday** or **Monday**.
- 4. Students absent from school will not be allowed to receive credit for hours worked that day.
- 5. Students are responsible for notifying coordinator if they are in school but their name appears on the absentee.
- 6. Students are allowed **one (1)** job change per year. You are allowed two weeks/10 working days to obtain new employment. If you have not obtained employment within two weeks/10 working days, classes will be scheduled for the co-op periods.
- 7. Students are responsible to notify coordinator if a job change is to be made.
- 8. Students must choose between work and extra curricular activities when there is a conflict.
- 9. Students are required to submit their time sheets at the deadline set by the coordinator. If time sheets are late, **one (1) point** will be deducted from the time sheet due grade for each day the time sheet is late.
- 10. Students must turn in time sheets, failure to do so will result in loss of credit.
- 11. When leaving for work, students must check-out through the Dean's office on a special checkout sheet.

AN EXCEPTION TO T HIS RULE IS ABSENCE WITH COORDINATOR APPROVAL (Doctor's appointment, Funeral)

Student Signature:

Parent/Guardian Signature:

School Term:

### HAMILTON COUNTY HIGH SCHOOL ON THE JOB TRAINING STUDENT'S AGREEMENT

The On The Job Training Program is planned to develop a student academically, vocationally, economically, and socially. There are responsibilities the student must accept, and it is necessary that certain rules and regulations be strictly observed.

As a condition of acceptance into the On The Job Training, I agree to the following:'

- 1. To be regular in attendance at school and on the job.
- 2. To be punctual at school and on the job.
- 3. To notify my employer and coordinator in advance in case of necessary absence.
- 4. To accept counseling and guidance from the coordinator.
- 5. To be willing to accept the employer's supervision and carry on assigned duties to the best of my ability.
- 6. To accept the coordinator as the recognized authority for making adjustments or changes in the training or on the job.
- 7. To accept that if my conduct or work is not satisfactory, my training can be discontinued, and I will fail the course.
- 8. To accept that I must turn in time sheets, failure to turn in time sheets will result in loss of credit.
- 9. To remember that when leaving for work, I must check-out through the Dean's office on a special check-out sheet Not the regular check-out sheet.
- 10. To continue my training throughout the year to earn my credit.
- 11. To be willing not to arrange for a change of employers without the knowledge and approval of the coordinator.
- 12. To maintain a satisfactory academic standing in school.
- 13. To obtain specific approval of the coordinator on those days that I must be absent from school but am able to go to work (Doctor's appointment, etc.)

## PLEASE SIGN, DATE AND RETURN TO COORDINATOR.

Date: \_\_\_\_\_

Student Signature:

Remember your work program is important to you. Keep the lines of communication open between yourself and your coordinator.

## BE SURE YOUR AGREEMENT IS IN ORDER

## KEEP YOUR TIME SHEETS UP TO DATE AND TURN THEM IN TO YOUR COORDINATOR. KEEP A COPY FOR YOUR RECORDS