

**WORK-BASED LEARNING – Elmira High School
Student Application**

Experience Requested:

- Job Shadow Student Internship Mentoring
 Apprenticeship School Based Enterprise Work Experience

STUDENT INFORMATION

Name: _____ Birthdate: _____ Graduation Year: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone #: _____ Message Phone #: _____

EMPLOYMENT EXPERIENCE

(Give employment history, starting with your present or latest employer.)

	Dates	Employer's Name & Address, City/State/Phone #	Supervisor	Last Position Held & Salary	Reason For Leaving
From					
To					

CAREER INTERESTS AND EMPLOYMENT SKILLS

What Careers/jobs are you considering? _____

What do you expect to gain from this experience?

List classes you are taking or have taken and skills you have acquired:

CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and all information concerning previous employers or supervisors and release all parties from liability for any damage that may result from furnishing the same to you.

Student Signature

Date

Parent Signature

Date

WORK BASED LEARNING TRAINING AGREEMENT

AS A STUDENT LEARNING I AGREE TO:

1. Keep regular attendance both in school and on the job. Notify the employer and coordinator if unable to report as scheduled.
2. Show honesty, punctuality, courtesy and a cooperative attitude, a willingness to learn, good health, grooming & dress habits.
3. Consult the coordinator about any difficulties arising at the work site.
4. Conform to the rules and regulations of the work site and respect confidentiality of the employer.
5. Furnish the coordinator with all the necessary information, reports, and time sheets.
6. Authorize release of school and other records.
7. Arrange own transportation to and from work site.
8. Be covered by district's Worker Compensation if in a non-paid working agreement.

STUDENT SIGNATURE: _____ DATE: _____

AS A PARENT/GUARDIAN I AGREE TO:

1. Encourage the student to effectively carry out job duties and responsibilities.
2. Assist in reminding the student that doing well in school is the first priority.
3. Accept responsibility for any negligent actions on the part of the student.
4. Agree to indemnify and hold harmless the School District, its employees, officers and agents from any and all claims, loss, actions, liability or costs including attorney fees and other costs of defense arising out of or in any way related to this placement.
5. Authorize the release of school, medical and other records, including directory information.
6. Authorize any emergency medical care and/or procedures deemed necessary.
7. Accept liability and responsibility for student's travel to and from the work site.

PARENT SIGNATURE: _____ DATE: _____

AS A WORK SITE SUPERVISOR I AGREE TO:

1. Provide the student-learner approximately _____ hours each week.
2. Provide meaningful work experiences for the student and have understanding of the learning objectives.
3. Conform to all federal and state regulations, safety, child labor laws, minimum wage (if applicable) and other pertinent regulations.
4. Consult the coordinator about problems related to the student's work experience.
5. Complete an assessment form and provide time for evaluation and consultation with the coordinator and student.

WORK SITE SUPERVISOR SIGNATURE: _____ DATE: _____

AS A SCHOOL COORDINATOR I AGREE TO:

1. Contact the work site at least once each grading period to evaluate student progress.
2. Assist in solving problems relating to the student's work experience.
3. Help the employer plan meaningful experiences for the student, including learning objectives.
4. Help the student relate in-school learning experiences to work experience.
5. Grant credit after satisfactory performance of job duties and assignments.
6. Recognize employer participation.

COORDINATOR SIGNATURE: _____ DATE: _____