

S A M P L E

APPLICATION FOR COOPERATIVE EDUCATION PROGRAM

I am interested in: _____ Agriculture Coop _____ Health Coop
 _____ Business/Office Coop _____ FACS Coop
 _____ Marketing/Dist. Ed. Coop _____ Trade & Industry Coop
 _____ Undecided _____ Other

Indicate the type of work you would like to obtain through cooperative education:

First Choice: _____ Second Choice: _____

If you are working now, where are you employed? _____

Type of work you perform on your job: _____

Would you consider employment which included weekend work? _____ Yes _____ No

Do you need any special assistance to allow you to participate in cooperative education? _____ Yes _____ No

Name _____ High School _____ Date _____

Street Address _____ County _____ City _____ Zip _____

Phone _____ Age* _____ Birth Date _____ Grade _____ SSN _____

Driver's License No. _____ Is transportation available? _____ Yes _____ No

Name of parent/guardian _____

What is your present class schedule?

| Hour | Subject | Teacher | Room | Hour | Subject | Teacher | Room |
|------|---------|---------|-------|------|---------|---------|-------|
| 1. | _____ | _____ | _____ | 5. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | 6. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | 7. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | 8. | _____ | _____ | _____ |

Please list all your work experience, starting with the most recent, whether you were paid or not.

| <u>Place of Employment</u> | <u>Type of Work</u> | <u>Dates</u> |
|----------------------------|---------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Skills acquired or courses taken that prepare you for potential placement in a cooperative training station

Your comments: _____

The cooperative education program affirms its commitment to carry out its civil rights obligation to eliminate discrimination and denial of services on the basis of race, color, national origin, sex, or handicap.

*This item is used solely to determine legal hours and conditions of employment for minors in accordance with federal and state laws, rules, and regulations.

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COOPERATIVE EDUCATION STUDENT TRAINING AGREEMENT

EMPLOYER: _____
 (Name of Business)
 IRS NUMBER: _____
 STREET: _____
 CITY: _____ PHONE: _____
 FED. HAZARDOUS OCC. DEVIATION: ___ YES ___ NO
 SUPERVISOR: _____
 DATE EMPLOYMENT BEGINS: _____
 WORKER'S DSABILITY: ___ YES ___ NO
 UNDERWRITER CARRIER: _____
 LIABILITY INSURANCE: ___ YES ___ NO
 UNDERWRITER CARRIER: _____

STUDENT NAME: _____
 STREET: _____
 CITY: _____ ZIP _____
 PHONE: _____ SSN: _____
 DRIVER'S LICENSE NO. _____
 GRADE: ___ AGE: ___ BIRTH DATE: _____
 RATE OF PAY: _____
 EXPECTED PROGRAM COMPLETE DATE: _____
 DAILY TIME SCHEDULE
 FROM: _____ TO: _____
 MAX WORK HR./WEEK: _____
 CAREER OBJECTIVE: _____

 OCC. TITLE: _____
 CIP CODE: _____

| JOB TASKS AND ACTIVITIES | RELATED VOCATIONAL INSTRUCTION |
|---|--|
| The student will receive training from the employer (on the job) for the following work related tasks and activities: | The student will complete the following preparation in school: |

EMPLOYER'S RESPONSIBILITY IN PROGRAM:

1. The student's training period shall be an average of 15 hours per week.
2. The training plan shall include job tasks and activities which are of vocational and educational value.
3. The employer shall complete a brief progress report (provided by the coordinator) each marking period indicating the trainees progress on the job.
4. This training program agreed upon shall not be interrupted by either trainee or employer without consultation with the co-op coordinator.
5. The employment of the trainee shall conform to all federal, state, local laws and regulations.
6. The employer and program operators do not discriminate against any applicant for employment or employee on the basis of race, color, national origin, sex, or handicap.

TRAINEE'S RESPONSIBILITY IN PROGRAM:

1. Trainee will abide by the regulations and policies of the employer and the school.
2. Each trainee shall faithfully perform the assignments of the job and school program.
3. No trainee shall leave the training program without first receiving the consent of the co-op coordinator.

| AGREEMENT SIGNATORS | DATE |
|---------------------|-------|
| Trainee _____ | _____ |
| Parent _____ | _____ |
| Coordinator _____ | _____ |
| Employer _____ | _____ |

NOTE: Employer shall retain a copy of the completed training agreement at place of employment before a minor begins work.

Inquiries about the program operators and employers policy of nondiscrimination or complaints about discrimination on the basis of race, color, national origin, sex, or handicap may be directed to: (NAME) Title IX and Section 504 Coordinator, (NAME) School District, (ADDRESS), (CITY, STATE, ZIP), Phone Number (###) ###-####.