

# Work-Based Learning Application

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**Check Appropriate WBL Program**

- Internship
- Employability Skills Development (ESD)
- Cooperative Education
- Youth Apprenticeship

**Check CTAE Pathway**

- Business & Computer Science
- Engineering
- Family & Consumer Science
- Marketing Sales & Services
- Personal Care Services-Cosmetology
  - Transportation
- Other \_\_\_\_\_

**GENERAL INFORMATION**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

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

Home Telephone Number \_\_\_\_\_ Student's Cell Number \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Number \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

**SCHOOL RECORD**

Attendance: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

GPA \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Are you on track for graduation? \_\_\_\_\_ Yes \_\_\_\_\_ No If, no explain \_\_\_\_\_

Have You Decided Upon A Career? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, what? \_\_\_\_\_

Career/Technical classes completed in high school:


Favorite Subjects: \_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_

Offices Held: \_\_\_\_\_

**Employment**

Current Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If presently employed, would you want to continue in that job as a WBL student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list your previous work experience and start with your most recent position first, etc. If none, include volunteer work.

Company Name

Dates Worked

Duties

Describe the type or types of jobs that you would prefer: \_\_\_\_\_

As a requirement in the work-based learning program, you are expected to join your student co-curricular organization. The dues are around \$20.00 per year. Do you understand your responsibility to do this willingly? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Transportation**

It is each student's responsibility to provide his/her own transportation to and from work.

Do you have access to a car? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, do you have transportation to a job? Yes \_\_\_\_\_ No \_\_\_\_\_ How? \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

It is the policy of the Richmond County School System not to discriminate in its admission requirements, educational programs, activities, or employment policies in regard to gender, race, color, national-origin, creed, or handicapping conditions. In considering a student application for the work study program, his/her high school discipline, attendance records, and teacher recommendations are considered before acceptance into the program is confirmed.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date of Application \_\_\_\_\_

Do not write in the box below.

Absences: 1<sup>st</sup> Semester \_\_\_\_\_

2<sup>nd</sup> Semester \_\_\_\_\_

Discipline: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Training Station: \_\_\_\_\_ Date Notified: \_\_\_\_\_

WBL Instructor's Signature: \_\_\_\_\_

**RETURN APPLICATION TO THE WBL INSTRUCTOR**

The Richmond County School system does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to designated youth groups.



**Teacher Recommendation Form**

*Work Based Learning* programs are an extension of school-based curriculum into the workplace. The student listed below has applied to participate in *Work Based Learning*. Please assist us by completing this form and returning it to the WBL Instructor as quickly as possible. Thank you.

**Student's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

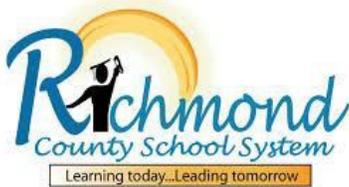
*Please check in the appropriate column the factors for which you have adequate information for appraisal.*

	GOOD	FAIR	POOR
1. Ability to follow instructions			
2. Social skills (gets along well/respect for others)			
3. Demonstrates dependability			
4. Self-motivated			
5. Demonstrates responsibility (directs energies toward tasks)			
6. Demonstrates enthusiasm in performing assigned tasks			
7. Strives for excellence			
8. Punctual			
9. Mentally alert (organization skills/problem-solving skills)			
10. Demonstrates proper etiquette and manners			
11. Personal appearance/grooming			
12. Demonstrates integrity/honesty			
13. Demonstrates optimism and self-respect			
14. Capacity to try new ideas and increase knowledge			
15. Attitude toward constructive criticism			
16. Ability to adapt to change			
17. Cooperates with others			
18. Communication skills			
19. Demonstrates attention to detail			
20. Ability to set realistic goals			

**Do you recommend this applicant for the *Work Based Learning* program?**  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Work-Based Learning Safety Training Agreement

\_\_\_\_\_, a student in the Work-Based Learning program at \_\_\_\_\_ School and an employee at \_\_\_\_\_ has completed the necessary safety training for the current position of employment. The employer certifies that the proper procedures related to the job requirements have been shown to the student and that in the case of an emergency; the student has been given instructions on what to do to resolve the situation. The student understands that failure to comply with these safety procedures may result in personal injury or in injury to others. The student agrees to follow all the safety rules and regulations of the current employer.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WBL Instructor's Signature

\_\_\_\_\_  
Date



# Student Information Sheet

## STUDENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Last 4 Digits of S.S.#: \_\_\_\_\_

Grade: \_\_\_\_\_ Career Pathway: \_\_\_\_\_ Counselor: \_\_\_\_\_

School: \_\_\_\_\_ Occupational Goal: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

## EMPLOYER INFORMATION

Name of Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Mentor: \_\_\_\_\_

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

\_\_\_\_\_

Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student's Job Title: \_\_\_\_\_

Pay Period (circle one): weekly bi-weekly monthly

Start Date: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Placement: INTERN COOP ESD YAP Course #: _____ Periods Released: 1 2 3 4 5 6 7
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## EDUCATIONAL TRAINING AGREEMENT

**Student Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Employing Company Supervisor Name:** \_\_\_\_\_

**Employing Company Name:** \_\_\_\_\_

**Employing Company Address** \_\_\_\_\_

**Employing Company Work Phone Number:** \_\_\_\_\_

**Work-Based Learning Instructor's Name:** \_\_\_\_\_

### The Student Agrees:

1. To be at least 16 years of age and to have a Social Security number.
2. To secure a work-permit if under 18 years of age and to file a copy with the school office, state Department of Labor, and the employer. Work permits can be obtained from the school office and must be documented with a birth certificate.
3. To assist the Work-Based Learning Instructor in finding an appropriate employment position related to the career focus area of the program and the career objective of the student.
4. To provide transportation to and from work.
5. To leave campus immediately after 6<sup>th</sup> period and not return without approval of the WBL Instructor.
6. To attend school and work regularly and not go to work without first going to school, or go to school without going to work, unless previously discussed with the Work-Based Learning Instructor. Failure to adhere to this part of the agreement may result in the student receiving appropriate academic and/or disciplinary action. If a student will be absent from school or work, the Work-Based Learning Instructor should be notified as soon as possible.
7. To discuss all aspects of the employment with the Work-Based Learning Instructor and the worksite supervisor—not with other students, coworkers, etc.
8. To join the CTSO (DECA, FBLA, Skills, etc.) in my pathway and to participate in local, regional, and state meetings, activities, and conferences.
9. To represent the school and employer by demonstrating honesty, punctuality, courtesy, and a willingness to learn. If the student is dismissed from employment due to negligence or misconduct, proved by school investigation, the student will be dropped from the Work-Based Learning program and not receive academic credit.
10. To work a minimum of 5 hours a week for one work release period; or 10 hours a week for two work release periods.
11. To make employment changes only with the approval of the Work-Based Learning Instructor. The Work-Based Learning Instructor reserves the right to change the student's employment situation if necessary.
12. To be evaluated by the work-based learning Instructor and the Work-Based training

supervisor a minimum of once per grading period.

13. To be aware that employment in the Work-Based Learning program does not necessarily qualify a student to receive unemployment compensation.
14. To submit to the Work-Based Learning Instructor a weekly record indicating activity engaged in at the worksite and total hours and salary earned during the week.
15. To promptly turn in all pay stubs.
16. To allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.

**The Parents/Guardian of the Student Agree:**

1. To encourage the student to carry out effectively his/her duties and responsibilities at both the school and place of employment.
2. To assume responsibility for the conduct and safety of the student from the time he/she leaves school until he/she reports to work; likewise, from the time he/she leaves his/her job until he/she arrives home.
3. To make inquires concerning the student's training, wages, or working conditions through the work- based learning Instructor rather than directly to the employer.
4. To understand that the student must attend school and work regularly and not go to work without going to school, nor go to school without going to work unless previously approved by the Work-Based Learning Instructor.
5. To offer assistance to the Work-Based Learning Instructor, serve as a resource person, and/or aid in other ways that could benefit the school and the student.
6. To allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.

**The Employer/Worksite Supervisor Agrees:**

1. To provide a variety of work experiences for the student that contributes to the attainment of his/her career objective.
2. To employ the student for at least 5 hours per week during the academic year.
3. To adhere to policies and practices which prohibit discrimination on the bases of race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work tasks, hours of employment, levels of responsibility, and pay.
4. To provide instructional materials and occupational guidance to the student.
5. To evaluate the student, in consultation with the Work-Based Learning Instructor, a minimum of once per grading period.
6. To adhere to all federal and state regulations including child labor laws and minimum wage regulations. Students employed through a work-based learning program are not eligible for unemployment compensation.
7. To adhere to income tax and Social Security withholding regulations.
8. To provide time for consultation with the work-based learning Instructor concerning the student and to discuss with the work-based learning Instructor any difficulties that may arise.
9. To inform the Work-Based Learning Instructor before any disciplinary action is taken in regard to the employment of the student.

**The Work-Based Learning Instructor Agrees:**

1. To assist in the academic and occupational instruction of the student.
2. To conduct supervisory visits to the student's place of employment.
3. To render assistance with educational and training problems of the student.
4. To assist the work-based training supervisor in an evaluation of the student's performance a minimum of once per grading period.
5. To maintain records pertinent to the student, the employer, and the school.

*I have read the above agreement and will carry out the responsibilities delegated to the best of my ability.*

_____ Student Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date
_____ Employer Signature	_____ Date
_____ Work-Based Learning Instructor Signature	_____ Date

## Work-Based Learning Program Early Release Understanding and Insurance Verification Form

**Work-Based Learning Program:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Contact:** \_\_\_\_\_

Directions: For a student to be enrolled in the program, the parent/guardian must provide the required information below and sign and date the form at the bottom of the page.

### Early Release

I understand that my child, \_\_\_\_\_, is enrolled in the work-based learning program at \_\_\_\_\_ High School and that my child will be dismissed from school at the end of his/her regularly scheduled on-campus classes each day.

I assume full responsibility for my child after dismissal from school, including days when my child is not required to be on the job. I also understand that my child must be covered by automobile accident and health insurance in order to drive to and from work and to be a part of the work-based learning program. (please complete information section below).

### Automobile Accident and Health Insurance

I understand that my child must be covered by automobile accident and health insurance to participate in the work-based learning program. I have checked the appropriate statement regarding insurance coverage for this school year. I agree to notify the work-based learning coordinator if this coverage changes during the school year.

### Automobile Accident Insurance

Other Mode of transportation  
or

My child is covered by automobile accident insurance through the following provider:

Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Phone Number \_\_\_\_\_

### Health Insurance

No Health Coverage  
or

My child is covered by health insurance purchased through the school  
or

My child is covered by health insurance through the following provider:

Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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5. To maintain records pertinent to the student, the employer, and the school.

*I have read the above agreement and will carry out the responsibilities delegated to the best of my ability.*

_____ Student Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date
_____ Employer Signature	_____ Date
_____ Work-Based Learning Instructor Signature	_____ Date



## Documentation of Hours



**Student Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Placement Site:** \_\_\_\_\_

**Mentor Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

Hours must be recorded daily and supervisor/mentor sign daily. Falsifying records will result in dismissal from the program. Please be on time and in attendance daily.

Date	Day	Time In	Time Out	Hours Worked	Mentor Initials	Mentor Notes for Week
	M					
	Tu					
	W					
	Th					
	F					
	Sat					
	Sun					
	M					
	Tu					
	W					
	Th					
	F					
	Sat					
	Sun					
	M					
	Tu					
	W					
	Th					
	F					
	Sat					
	Sun					
	M					
	Tu					
	W					
	Th					
	F					
	Sat					
	Sun					
<b>Total Hours</b>						

I certify the report above is a correct reflection of hours performed.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Mentor/Supervisor Signature