

Career Experience Program Application

Date: _____

Last name: _____ First Name: _____ Middle Initial: _____ Grade: _____

Student Cell Phone: (____) _____ Email Address: _____

Do you receive any of these services? TAG ____ ESL ____ Special Ed ____ 504 ____ Other ____

Are there any special needs or specific accommodations needed by you for your career experience? NO ____

If YES, please explain: _____

Contact Information:

Parent/
Guardian Name: _____ Home
Phone # (____) _____ Cell # (____) _____

Address: _____ City/State _____ Zip _____

Please answer the following questions:

1. I want to participate in the Career Experience Program because: (Please be specific)
2. Are you currently employed? If YES, where do you work and how many hours do you work per week?
3. I am learning the following skills at my current job experience location:
4. Where have you worked in the past and how long were you employed there? Why did you leave the job(s)?
5. What is your goal for after high school graduation? (College, Technical School, work, etc.)
6. My career goal(s) is/are: (please be specific)
7. I have explored my career goals/options and know that I need to meet the following qualifications: (example: specific academic skills of Math, English, Science, etc.: high school, diploma, Tec. Certificate, 2 or 4 year college degree: etc.)

Please return to your Counselor, _____, when completed

Thanks for Applying



Career Experience Program – X68

Student Name _____ Employer _____

Student Number _____ Address _____

Address _____

_____ Employer's Phone # (____) _____ Ext _____

Home Phone (____) _____ Job Title _____ Hours per Week _____

Cell Phone (____) _____

**** It is the student's responsibility to submit pay stubs for verification of hours ****

1 Credit = 12 hours of work (maximum of 30 credits per school year)

Total hours worked = _____ Credits Earned = _____

Career Experience Coordinator's Signature _____ Date _____

Date Submitted for Transcript _____

Registrar's Signature _____

Date Posted on Transcript _____

File

SAMPLE

CAREER EXPERIENCE PROGRAM TRAINING AGREEMENT

****Each party hereto should read the entire document before signing****

Student Name _____ Student # _____

Address _____ Phone # _____

_____ Date of Birth _____

Career Objective _____ Occupation Provided _____

Starting Wage \$ _____ Social Security Number (mandatory) _____

The purpose of this Career Experience Program Training Agreement is to clarify the responsibilities of the student, the Parent(s)/Guardian(s), the coordinator and the employer as the training sponsor. Emphasis is placed on training and career development of the student. The program is not intended to be an employment facility or students or employers. The effective date of this Agreement will be that of the Program Coordinators signature.

Students Responsibilities

1. I understand that training stations are educational and that a grade of "S" and credits will be issued upon satisfactory completion of the training Agreement. Credits are issued based upon 12 hours of documented work experience (one credit for every 12 hours of work, for a maximum of 30 credits per school year).
2. I agree to coordinate the selection of job experience with the Career Experience Coordinator and that the selected training station will comply with child labor laws.
3. I agree that any changes (i.e.: quitting, termination, demotion, promotions) in my training station must be coordinated with the Career Experience Coordinator and the training sponsor. I will inform the coordinator at least two weeks prior to quitting when I want to quit my training station.
4. I agree to arrange for my own transportation to and from my training station. If I furnish my own transportation, I will have a valid driver's license and carry automobile insurance as required by Colorado Law. I understand that Boulder Valley School District does not provide automobile liability insurance coverage or other insurance for injury or damage which I may incur or cause in traveling to and from my home, to school or the training station, or in participating in the program. I agree to work safely in accordance with the rules and regulations of the training station.
5. I will be on time and regular in attendance at school and my training station. This includes days at my training station when school is not in session, such as vacations, in-service days, etc. Scheduled work days and hours during these days as well as any time off during school vacation time must be arranged with the training sponsor. If the employer and student-trainee agree that work will continue when school is in summer session, all parties agree that the student-trainee is working independently and under the guidance of the employer. One credit will be given for 12 hours of documented work.
6. I understand that if I am failing any classes and/or school attendance becomes an issue, I may be dropped from the Job Experience Program until satisfactory improvement is made and permission is granted by the Program Coordinator to resume the Career Experience Program for credit.
7. I understand that honesty in regard to money, time and attendance is expected of me. Lack of honesty or integrity will be grounds for dismissal or probationary action by my employer and termination of this Career Experience Program Training Agreement. In addition, I understand that I will lose all credits earned to date if fired or dismissed by the employer from my training station.
8. I will conduct myself in a satisfactory manner and conform to the company dress code and other policies and procedures.
9. I understand that credit will begin to accumulate upon completion of all paperwork and the approval of all parties concerned, i.e., student, parent(s), employer, and Career Experience Coordinator. Credit can only be given for work that can be accounted for with copies of pay stubs or other proof provided by the employer. Pay stubs are due monthly to the Career Experience Coordinator.
10. I understand that this program is not credit for only working. There will be assignments I will need to complete and submit (Interest Inventory, Practice Job Application, and Resume) before final credits will be issues and post on my high school transcript

Student Signature _____ Date _____

(Over)

Parent/Guardian Agreement

1. I have read and understand the training agreement entered into by my son/daughter and agree to be a supportive member of the Career Experience Program team.
2. I hereby release Boulder Valley School District RE-2, its officers, directors, elected officials, appointed officials, employees, agents, attorneys, insurance carriers and pools ("releases"), and waive any rights I may have against said school district or any above mentioned party for any physical injury or death to my child or damage to personal property, whether caused by releases negligence or otherwise, while participating in this program of the Boulder Valley School District.
3. I understand that the training sponsor/employer will be responsible for worker's compensation coverage in the event my child is injured while working at the training station.
4. I agree to contact the program coordinator, not the training sponsor, regarding any problems pertaining to the Job Experience Program and/or training station.

Parent/Guardian Signature _____ Date _____

Training Sponsor Agreement – (Employer)

1. I will work closely with the student and attempt to provide a variety of training experiences which will contribute to the student's job experiences leading to the student's career objective(s).
2. I am responsible for worker's compensation or the equivalent.
3. I agree that I will familiarize myself with child labor laws and that my training station will comply with said child labor laws. For Example, I will not permit students under 16 to close the business alone at night. I will instruct the student regarding safety issues and the handling of emergency and/or life-threatening situations, such as robberies or fires.
4. I assure that students will be accepted and assigned to jobs and otherwise treated without regard to race, national origin, gender, color, religion or disability.
5. I will confer with the Career Experience Coordinator before dismissal, if possible, of the trainee for unsatisfactory performance.
6. I understand that the intent of the program is to provide an average of 12 hours of training per week and will attempt to meet these requirements.
7. Upon completion of the Career Experience Program I will contact the Program Coordinator with an evaluation of the student's training and employment skills.
8. I will notify the coordinator immediately if the student violates this Training Agreement.

Print Employer Name _____ Signature _____

Business Name _____ Date _____

Address _____ Phone _____

Coordinator Agreement

1. I will work closely with the student in the Career experience Program, his/her parent(s)/guardian(s) and with the training sponsor/employer.
2. I will meet with the student on a regular basis, logging hours and progress towards the completion of his/her assignments (Interest Inventory, Practice Employment Application and Resume).
3. Please note that the student's school attendance will be checked on a regular basis. No work hours will be accepted for days on which student has an unexcused absence.

Career Experience Coordinator Name _____ Signature _____ Date _____

School Name _____

Address _____ Phone _____ Fax _____