



STATE OF DELAWARE
EXECUTIVE DEPARTMENT
OFFICE OF MANAGEMENT AND BUDGET

High School To Work Program

Cooperative Training Agreement

Student (Employee) Information

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____

Program Start Date: _____

Social Security #: _____

Home Phone: _____

Emergency Phone: _____

Curriculum: _____

Before employment begins, each student must have completed and included in his/her file, a State Employment Certificate, a Cooperative Training Agreement, and a State of Delaware Employment Application.

Employer Responsibilities:

1. The student will not displace a regular worker who is presently employed.
2. The employer will complete and return the evaluation form to the Work Experience Coordinator.
3. The student is paid a legal wage.
4. The employer will comply with all child labor laws.
5. The student will receive a variety of work assignments and be supervised by a qualified person.
6. The student will be covered by Worker's Compensation.
7. The employer will notify the Work Experience Coordinator if the student's performance becomes unsatisfactory and the employment is in jeopardy.
8. The employer agrees to scheduled and non-scheduled job site evaluations by the Work Experience Coordinator.
9. The employer will notify the Work Experience Coordinator if the student's employment is terminated for any reason.
10. The employer will list the duties and responsibilities of each student.

The employer will coordinate with the designated representative from the Office of Management and Budget, Human Resource Management before hiring any program students.



Responsibilities of the student and parents:

1. The student agrees to perform the work assigned by the employer in a professional manner.
2. The student agrees to report any job problems to the employer and Work Experience Coordinator.
3. In order to maintain Co-op eligibility, the student must maintain passing grades in all required school subjects.
4. The student agrees to comply to all school and work attendance policies.
5. The student will follow the Work Experience Coordinator instructions if laid off or unable to work for other circumstances.
6. The student will secure reliable transportation to and from work.

Responsibilities of the school:

1. The program is under direct supervision of a certified Work Experience Coordinator.
2. The Work Experience Coordinator will periodically visit and evaluate the student at the work site as necessary.

We, the undersigned, agree to the conditions and statements contained in this agreement:

Company Name: _____
Contact: _____
Address: _____
City, State, Zip: _____
Supervisor: _____
Equipment student operates: _____

Telephone: _____
Type Business: _____
Number of Employees: _____
Student Job Title/Class: _____
Rate of Pay: _____
Work Schedule: _____

Employer's Signature: _____

Student's Signature: _____

Parent's Signature: _____

Work Experience Coordinator's Signature: _____

Telephone: _____ Fax #: _____

School District/High School Name and Address: _____

THE STATE OF DELAWARE

AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER