

SAMPLE COOPERATIVE EDUCATION APPLICATION

Cooperative Education Course Application
Competency Regional Vocational Technical High School
20 Task Lane Skill, MA 00000-0000
Telephone (000) 000-0000 FAX (000) 000-0000

Competency Regional Vocational Technical High School admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability.

STUDENT DATA

Student's Name: Last: _____ First: _____ Middle: _____ Mr. ☐ Ms. ☐

Home Address: Street and Number: _____

City/Town: _____ State: _____ Zip Code: _____

Vocational Technical Program: _____ Email: _____

Home Phone # _____

If you have a resume and/or employer cover letter, please include a copy with this application.

STUDENT EMPLOYMENT INFORMATION

Do you have transportation to/from work? ☐ Yes ☐ No

Do you have a driver's license? ☐ Yes ☐ No License Number: _____

Are you available to work part time after school if requested? ☐ Yes ☐ No

Are you available to work full time (40 hours) during shop week? ☐ Yes ☐ No

Please list any days and/or hours that you are unable or unwilling to work? _____

Do you agree to follow all the rules and regulations for participation in this program as outlined in the student handbook? ☐ Yes ☐ No

Have you ever been convicted of a felony or a misdemeanor? ☐ Yes ☐ No

If yes, give details including date and nature of offense: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: Last: _____ First: _____

Home Address: Street and Number: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Home Email: _____ Work Email: _____

STUDENT EMPLOYMENT RECORD INFORMATION

Last Employer:	_____	Employment Dates:	_____
Type of Business:	_____	Job Title:	_____
Address:	_____	Salary:	_____
	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor:	_____	Co. Phone Number:	_____
Duties:	_____	Reason for leaving:	_____

Previous Employer:	_____	Employment Dates:	_____
Type of Business:	_____	Job Title:	_____
Address:	_____	Salary:	_____
	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor:	_____	Co. Phone Number:	_____
Duties:	_____	Reason for leaving:	_____

REFERENCES

Please list 2 personal and/or professional adult references. (must not be a relative)

Name: Last:	_____	First:	_____
Address: Street and Number:	_____		
City/Town:	_____	State:	_____ Zip Code: _____
Home Phone Number:	_____	Work Phone Number:	_____
Years Acquainted:	_____	Occupation:	_____
How do you know this individual:	_____		

Name: Last:	_____	First:	_____
Address: Street and Number:	_____		
City/Town:	_____	State:	_____ Zip Code: _____
Home Phone Number:	_____	Work Phone Number:	_____
Years Acquainted:	_____	Occupation:	_____
How do you know this individual:	_____		

SIGNATURES

1. The statements and information furnished by us in this application are true and complete.
2. We give permission for the student named in this application to participate in cooperative education.
3. We give permission for representatives of the school to release academic and technical records including Competency Attainment Lists, and grades, past and present, as well as any other pertinent information that may be required by potential cooperating employers for the purpose of evaluation.
4. We understand that if at any time, in the opinion of the cooperative education coordinator, the student is not meeting the requirements of this program with regards to grades, attendance, attitude and/or performance his/her placement will be terminated.

Our signatures certify that we have read and agree with the above statements.

Signature of Student _____

_____ Date

Signature of Parent/ Guardian _____

_____ Date

TECHNICAL LEAD TEACHER

Has this student completed two years of instruction in this vocational technical program? ☐ Yes ☐ No

Has this student satisfactorily completed all appropriate safety instruction in this vocational technical program? ☐ Yes ☐ No

Has this student attained a sufficient level of achievement in the school-based vocational technical program in preparation for transition into a work-based learning environment at this time? ☐ Yes ☐ No

Do you recommend this student for cooperative education placement? ☐ Yes ☐ No

Please indicate the total number of shop hours that this student has completed in this program to date. _____

Additional comments and/or information: _____

Please provide an up to date copy of the student's Competency Attainment List to be used in the interview and placement process.

Signature of Lead Teacher _____

_____ Date

TEACHER'S RECOMMENDATIONS

This student has met the initial eligibility requirements, as outlined in the student handbook, and is applying to participate in the cooperative education and needs your recommendation in order to do so. If you feel that this student has demonstrated the necessary skills to be successful in the workforce and you would like to recommend him/her for placement at this time, check yes. Please note that if it becomes necessary to withdraw your recommendation during the school year, simply notify the cooperative education in writing.

SUBJECT	SIGNATURE	RECOMMENDATION
Shop		<input type="checkbox"/> Yes <input type="checkbox"/> No
Related Instruction		<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language Arts		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mathematics		<input type="checkbox"/> Yes <input type="checkbox"/> No
Science		<input type="checkbox"/> Yes <input type="checkbox"/> No

This is a SAMPLE, only 10-19-04

Physical Education		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Studies		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other		<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADMINISTRATOR'S RECOMMENDATIONS

Guidance Counselor		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Department Chairperson		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dean of Students		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attendance Officer		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Academic Director		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vocational Technical Director		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cooperative Education Coordinator		<input type="checkbox"/> Yes	<input type="checkbox"/> No

See Ms. Occupational before bringing this application to the employer; the first 3 pages must be complete.

COOPERATING EMPLOYER

Name of Firm: _____

Address: Street and Number: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Nature of Employer's Business: _____ Number of Employees: _____

Hiring Person: _____ Student's Supervisor: _____

Email Address: _____ Email Address: _____

COOPERATING EMPLOYER INFORMATION

Hours per co-op week: _____ Starting wage: _____

Salary increase policy: _____

Do you agree to follow all the rules and regulations for participation in this program? ☐ Yes ☐ No

Do you agree to provide the student with a work environment that meets health and safety standards that maximize employee protection and are in compliance with O.S.H.A. regulations? ☐ Yes ☐ No

Do you agree **not to employ the student** during school hours on academic weeks? ☐ Yes ☐ No

Do you agree to follow all State and Federal labor and wage laws and regulations? ☐ Yes ☐ No

Is your company an equal opportunity employer who does not discriminate against any applicant because of race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation or any other legally protected group and that all working conditions related to hours, wages, and benefits are free from discriminatory practices? ☐ Yes ☐ No

Workers' Compensation

Insurance Number: _____

Insurance

Company: _____

Please have your insurance agent FAX (978-671-3819) or mail a **Certificate of Workers' Compensation Insurance** to Ms. Josephine Occupational, Cooperative Education Coordinator, Competency Regional Vocational Technical High School,
20 Task Lane, Skill, MA 00000-0000

Please list the number of qualified and experienced workers now employed by your company in the student's occupational program area. (i.e. carpenter, electrician, chef, auto technician, etc.) _____

Do you agree to provide a qualified and experienced worker to be responsible for the direct and constant supervision of this student? ☐ Yes
☐ No

Do you agree to provide the student with a progressive and diversified learning experience that will provide him/her with technical and employability skills while working on the job? ☐ Yes
☐ No

Please list the skills that the student learner will have the opportunity to acquire while working for your company:

1)

2)

3)

4)

5)

6)

7)

8)

Signature of Cooperating Employer

Date