

Cooperative Education Program Application

Rev. 9/26/2016

Shawsheen Valley Technical High School
100 Cook Street Billerica, MA 01821
Ph. 978-671-3619 Fax 978-671-3819
Email: rlavoie@Shawtech.org

Today's Date _____

STUDENT DATA

Student's Name: Last: _____ First: _____ Middle: _____

Current Address: Street and Number: _____

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

Age: _____ Date of Birth: _____ Place of Birth: _____

Sex: _____ Color of Hair: _____ Color of Eyes: _____

Vocational Technical Program: _____ Email: _____

Home Phone Number: _____ Social Security Number: _____

Cell Phone Number: _____

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 on academic weeks if requested? Yes No

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

Are you willing to work overtime during shop week if requested? 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

Please briefly explain your future educational and/or work plans for after graduation: _____

PARENTAL INFORMATION

Parent's Name: Last: _____ First: _____

Address: Street and Number: _____

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

Home Phone Number: _____ Work Phone Number: _____

Home Email: _____ Work Email: _____

Although your son/daughter will be covered by the cooperating employer's workers' compensation insurance, in case of an accident, what other insurance coverage do you have?

Name of Insurance Provider: _____

Insurance Policy Number: _____

Shawsheen Valley Technical High School admits students and makes available to them its advantages, privileges and course of study, without regard to race, color, gender, religion, gender identity, national origin, sexual identity, sexual orientation, disability or homelessness status.

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 the cooperative education program.
3. In accordance with the Buckley Amendment regarding student records under Chapter 71 of the MA General Laws, we give permission for representatives of the school to release: **(please check appropriate boxes)**
 student grades student competency profile student attendance info student health info other pertinent info that may be of assistance to employers in evaluating placement and/or meeting the educational needs of the student.
4. We understand that if at any time, in the opinion of the placement counselor, 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 or Guardian

VOCATIONAL 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 a current copy of the student's competency profile to be utilized 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 program 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 placement counselor in writing.

SUBJECT	SIGNATURE	RECOMMENDATION
Shop		<input type="checkbox"/> Yes <input type="checkbox"/> No
Related		<input type="checkbox"/> Yes <input type="checkbox"/> No
English		<input type="checkbox"/> Yes <input type="checkbox"/> No
Math		<input type="checkbox"/> Yes <input type="checkbox"/> No
Science		<input type="checkbox"/> Yes <input type="checkbox"/> No
Phys. Ed.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Studies		<input type="checkbox"/> Yes <input type="checkbox"/> No
Study Skills		<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 (Mr. Flynn)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Academic Director (Ms. Gobbi)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Director (Mr. Norkiewicz)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Placement Counselor (Mr. Lavoie)		<input type="checkbox"/> Yes <input type="checkbox"/> No

COOPERATING EMPLOYER DATA

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: _____

COOPERATING EMPLOYER INFORMATION

Hours per co-op week: _____ Starting wage: _____
Salary increase policy: _____

How many qualified and experienced workers are currently employed by your company in the student's occupational program area? (i.e. Carpenter, electrician, chef, auto technician, etc.) # _____

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 and comply with Massachusetts / New Hampshire Child Labor Law? Yes No

Do you agree to conduct a safety orientation with the student before they begin their work assignments? 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 affirmative action/equal opportunity employer who does not discriminate against any applicant because of race, color, gender, religion, gender identity, national origin, sexual identity, sexual orientation, disability, homelessness status, or any other legally protected group and that all working conditions related to hours, wages, and benefits are free from discriminatory practices? Yes No

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

Do you agree to provide the student with a progressive and diversified learning Yes No
experience that will strengthen his/her employment skills while working on the job?

Please list the most pertinent vocational-technical skills, that the student learner will have the opportunity to strengthen while working for your company:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Signature of Cooperating Employer Date

State law requires the Employer/Supervisor of the cooperative education site, who may have unmonitored contact with the cooperative education student during their employment, to have a Criminal Offender Record Information (CORI) performed by the school district.

Please have your insurance agent FAX (978-671-3819) or e- mail a Certificate of Workers' Compensation Insurance to Richard Lavoie, Placement Counselor, Shawsheen Valley Technical High School, 100 Cook Street, Billerica, MA, 01821.