## **Cooperating Employer Information**

Name of firm:			_
Address: Street and number: _			
City/Town:	State:	Zip code:	_
Phone number:	Fax number:		
Nature of Employers' Busines	s:		
Students Supervisor:		Starting hrly wage:	Hours Per Co-op week:
Email address:			
Do you agree to follow all the	rules and regulations for	participation in this program? Ye	s 🗆 No 🗆
Do you agree to provide the st protection and are in complian			ry standards that maximize employee
Do you agree to follow all stat	e and labor and wage law	ws and regulations? Yes ☐ No ☐	
of race, color, gender, religion	gender identity, national tected group and that all	al origin, sexual identity, sexual or	inate against any applicant because rientation, disability, homelessness ars, wages, and benefits are free from
Do you agree to provide a qua student? Yes □ No □	lified and experienced w	orker to be responsible for the dire	ect and constant supervision of this
Do you agree to provide the st employment skills while work		and diversified learning experience No $\square$	ce that will strengthen their
Please list the most pertinent v working for your company.	ocational-technical skill	s that the student learner will have	the opportunity to strengthen while
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			nave unmonitored contact with the cord Information (CORI) performed
		or e- mail a <u>Certificate of Work</u> Technical High School, 100 Cook	to a Street, Billerica, MA, 01821.
X			
Em ployer Signature	Date		