

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: _____ 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? 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 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 strengthen his/her employment skills while working on the job? Yes No

Student is hired under 1099, student will be on payroll? Yes No

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)

6)

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 Brian Smith, Placement Counselor, Shawsheen Valley Technical High School, 100 Cook Street, Billerica, MA, 01821.

