

Mahomet-Seymour

CUSD #3

Workplace Experience Application Packet



2023 - 2024

Application must be returned to your guidance counselor or Mrs. Wherley in C26 by 2-17-23. Applicants should attend a meeting on 2-28-23 during 6th hour in C26.

Submission date: _____

Student's Name: _____

Application Process

Workplace Experience Education

This 3 credit, year-long course is designed for seniors, and select juniors, interested in pursuing on-the-job experience in a career area of interest. Students in Workplace Experience Learning are released from school for their paid or unpaid work experience. Students in the program participate in one period of classroom instruction. Classroom instruction focuses on providing students with job survival skills, career exploration skills related to the job, as well as improving students' abilities to interact positively with others. For skills related to the job, refer to the skill development course outlines and the task list of the desired occupational program.

A qualified, certified CTE instructor is responsible for supervision. Written training agreements and individual student training plans are developed and agreed upon by the employer, student and coordinator. The coordinator, student and employer assume compliance with federal, state and local laws and regulations.

The course content includes the following broad areas of emphasis: further career education opportunities, planning for the future, job-seeking skills, personal development, human relationships, legal protection and responsibilities, economics and the job, organizations, and job termination. Classroom and worksite instruction is based on the tasks in an occupation.

Requirements for Participation

- Completed & Approved Application
- On-track for Graduation
- Completion of Interview with School Staff
- Approved Work Study or Internship Site

Application Process Steps

1. Enroll for Workplace learning Course when signing up for next year's schedule with your counselor
2. Complete the attached application by 2/17/23. Fill in **all** blanks (write NA in any blank that does not apply to you).
3. You and your parent/guardian should carefully read the Workplace Experience Guidelines, Student Agreement, and Rules and sign each.
4. Return signed application packet to your guidance counselor or Mrs. Wherley by due date (Please note: LATE applications are a reflection of your work ethic and interest in the program.) Make every effort to turn in applications on or before the due date. Late applications will be considered last when filling the class.
5. During April through May, your coordinator will begin working with you to establish an approved work site if selected for the program.
6. Once placement has been established, student will work with Mrs. Wherley and your guidance counselor to revise your schedule.

Notes:

- 1) Simply returning a completed application does not guarantee placement into the Program.
- 2) Selection Criteria: Teacher recommendations, attendance, grades, and work ethic are extremely important and heavily considered when accepting students into this program.
- 3) Participation in the program is subject to meeting all other course requirements, subject to scheduling availability.

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Please print neatly.

Please complete ALL of this application. If part of it does not apply to you, write N/A.

Student's Name: _____

What is your career interest area?

Please state in paragraph form why you wish to participate in this program.

Work Experience

Are you currently employed? Yes No	If "yes," is this position in your area of career interest? Yes No
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Have you ever been fired or asked to resign from a job? Yes No
If "yes," please explain:

Please list all past work experience (formal and informal) below beginning with your current or most recent position:

<i>Dates of Employment</i>	<i>Position</i>	<i>Place of Employment</i>	<i>Supervisor's Name</i>

What extracurricular activities do you anticipate participating in?

Are there any potential employers that you are interested in having this workplace learning program with?

References

Please list three teachers who will recommend you for the Workplace Learning Experience Program. Please make sure you have their permission to use their name as a reference.

Teacher's Name	Subject Taught

Student Agreement

If your application is approved and you are accepted into the Workplace learning Program:

Will you agree to attend both school and work regularly? Yes No

Will you agree to abide by the rules and regulations of the Program? Yes No

Student Signature:

Date:

Parent/Guardian Signature:

Date:

Mahomet-Seymour Workplace Experience Program Student Agreement

The Workplace Experience Program is planned to develop a student academically, economically, & socially. To meet these goals the student must be willing to strive & work toward fulfilling certain relevant responsibilities. *As a condition of admittance to the Workplace Experience Program, I agree:*

1. to realize that I am under the jurisdiction of the school throughout the school day.
2. to perform all of my duties in a commendable manner and to complete study assignments thoroughly and on time.
3. that the Coordinator has the same authority over me on the job as in the classroom at school.
4. that the Coordinator is the recognized authority for making adjustments or changes to my training on the job.
5. to be well-dressed and groomed both in school and on the job in a manner acceptable to employer and school authorities.
6. to carry out my training in such a manner that I will reflect positive credit upon myself and the Workplace Experience program.
7. to participate in class and to complete the required classroom-related work. I understand that repeated lack of participation in class or failure to do the required work is considered as grounds for removal from the program and loss of credit.
8. to be in regular attendance at school & on the job, including days when school is not in session when my employer expects me. If the student has more than ten absences he/she may be removed from the class without credit.
9. to be on time at school and on the job site.
10. to notify the school, the coordinator, and my employer as soon as I know I will be absent from work for good cause.
11. that if I am absent from school, I must also be absent from work.
12. to obey all traffic laws and school policies and exercise extreme care while commuting to and from my training site.
13. to conduct myself in a satisfactory manner, both on the job and in the classroom, or my training may be discontinued and I may be removed from the program with loss of credit.
14. to leave school grounds promptly after my last scheduled class and to not return or be found on school property unless I have a valid pass from a teacher or administrator.
15. that if I am required to leave school because of any disciplinary reasons, I cannot report to my training site for work as Cooperative Education work is the same as any other subject in which I am enrolled at school.
16. to serve and attend in full any discipline hours or suspensions that I am assigned. I understand that my employment and my responsibility to my employer are not and will not be considered as a reason for exception from any of the above school disciplinary measures.
17. the student may not resign or change jobs during the school year. In the case that the student becomes unemployed-the student has two weeks to find new employment. After two weeks, the student will be removed from the Workplace Experience Program.
18. that if I am without a job for more than 10 scheduled school days (no matter what the reason), I will be assigned to study hall for all my scheduled release hours.
19. if I fail to secure a position during the quarter, even though I have reported to study hall during Workplace Experience work release hours, I will receive an "F" for the quarter.
20. that if I am fired or released from my training station, I will receive an "F" for the work portion of the quarter grade.
21. to complete and return all required forms, reports, and agreements on the proper due date.

I fully understand the above statements and I agree to cooperate in carrying them out to the fullest of my ability.

→ _____
Student's Signature Date

→ _____
Parent/Guardian(s) Signature Date

