



Cooperative Work Experience Application/Training Agreement

Please print

STUDENT INFORMATION	Name:		Student ID #:			
	Complete Address:					
	Contact #:		Birth Date:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Ethnic Background:	<input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian/Pac Islander <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other				

PROGRAM INFORMATION	Occupational Area:		WE Units Enrolled:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Total Units Enrolled this Term:		Previous WE Units Completed:	
	Occupational Major:			
	Employment Position::	<input type="checkbox"/> Non-Paid <input type="checkbox"/> Paid <input type="checkbox"/> Hourly Wage \$		

EMPLOYMENT INFORMATION	Employer/Business Name:							
	Business Location:							
	Employment Address:							
	Business Contact #:							
	Job Title:							
	Job Description:							
	Student's Work Schedule:	M:	T:	W:	Th:	F:	S:	S:
	Supervisor Name/Title:							

STATEMENT OF ASSURANCE	<i>Please Read Carefully Before Signing</i>	
	<i>Student</i> I understand the purpose, objectives and regulations of Work Experience Education at Columbia College. I accept the responsibility to put forth every effort to make this a successful educational experience, which includes preparing measurable learning objectives, working diligently toward their accomplishment by being prompt and regular in attendance, appropriately groomed, honest, courteous and willing to learn, meeting with the Faculty Advisor and/or Coordinator at prescribed times and turning in the required assignments and records in an acceptable form and in a timely manner. I agree to notify the coordinator immediately upon learning of a change in any information included in this document.	<i>Faculty</i> I understand the purpose and objectives of Work Experience Education at Columbia College and I offer reasonable probability of continuous employment for the term of this agreement. I assure that overall desirable working conditions will prevail which will not endanger the health, safety, welfare or morals of the student. I accept the responsibility of providing a beneficial educational experience which includes assisting in the preparation of the student's learning objectives, providing adequate supervision, meeting periodically with the student and/or the Coordinator to discuss the student's progress and completing my portion of the required records. I agree that the student will assigned to task and otherwise treated without regard to race, color, sex, national origin or handicap.
	<hr style="width: 90%; margin-left: 0;"/> <i>Student Signature/Date</i>	<hr style="width: 90%; margin-left: 0;"/> <i>Faculty Signature/Date</i>