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Cooperative Work Experience

**Application/Training Agreement**

***Please print***

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ***STUDENT INFORMATION*** | **Name:** |  | | **Student ID #:** |  | | |
| **Complete Address:** |  | | | | | |
| **Contact #:** |  | **Birth Date:** |  | **Sex:** | **🞏 Male** | **🞏 Female** |
| **Ethnic Background:** | **🞏 Amer Indian 🞏 Asian/Pac Islander 🞏 Black 🞏 Filipino 🞏 Hispanic 🞏 White 🞏 Other** | | | | | |

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| ***PROGRAM INFORMATION*** | **Occupational Area:** |  | **WE Units Enrolled:** | **🞏 1 🞏 2 🞏 3 🞏 4** | |
| **Total Units Enrolled**  **this Term:** |  | **Previous WE Units Completed:** | |  |
| **Occupational Major:** |  | | | |
| **Employment Position:** | **🞏 Non-Paid 🞏 Paid 🞏 Hourly Wage $** | | | |

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| ***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:** |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| ***STAEMENT OF***  ***ASSURANCE*** | ***Please Read Carefully Before Signing*** |  |
| ***Student*** | ***Employer*** |
| 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.  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Student Signature/Date*** | 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.  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Supervisor Signature/Date*** |

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