

**EXPLORATORY WORK EXPERIENCE TRAINING AGREEMENT**

STUDENT NAME		BIRTHDATE	SOC. SEC #
ADDRESS			TELEPHONE
SCHOOL <b>GREEN VALLEY HS</b>			TELEPHONE <b>799-0950</b>
EMPLOYER/SUPERVISOR/WORK STATION/TRAINING SIT			JOB TITLE
ADDRESS			
SUPERVISOR		DEPARTMENT	TELEPHONE
DATES OF TRAINING PERIOD		WORK HOURS	PAY RATE
FROM	TO	PER WEEK	
CAREER OBJECTIVE			
SKILLS TO BE LEARNED BY THE STUDENT ON THE JOB			

**PURPOSE**

The major purpose of exploratory work experience training is to introduce students to the world of work.

**RESPONSIBILITIES**

**THE EMPLOYER agrees:**

- To provide the opportunity for the student to gain work experiences that meet the objectives of the training agreement.
- To adhere to all Federal and State Child Labor laws, regulations, and other applicable regulations.
- To assist in the student's job-performance evaluation.
- To accept and assign jobs to the student and otherwise treat the student without regard to race, color, national origin, sex, or handicap.
- To permit the school representative to make an on-site visit to evaluate student performance.

**THE STUDENT agrees:**

- To be in regular attendance both in school and on the job.
- To conform to the rules and regulations of the employer and the Clark County School District.
- To demonstrate honesty, punctuality, courtesy, a cooperative attitude, proper grooming, appropriate dress, and a willingness to learn during the training period.
- To consult with the school representative concerning situations arising at the work station or upon termination.

Student please initial this section after reading requirements above:

**THE PARENTS agree:**

- To encourage their son or daughter to carry out the requirements of the training program.
- To provide the resources necessary to participate in the program.
- To provide transportation for their son or daughter to and from the worksite.

**THE SCHOOL REPRESENTATIVE agrees:**

- To ensure that the employer is providing work-experience activities to meet the objectives of the work experience agreement.
- To make visits to the worksite to observe the student. Observations must be documented on the contact form.
- To evaluate the work performance of the student with the employer using the contact form.

X STUDENT'S SIGNATURE	DATE	EMPLOYER'S/SUPERVISOR'S SIGNATURE	DATE
X PARENT'S SIGNATURE	DATE	SCHOOL REPRESENTATIVE SIGNATURE	DATE



## EXPLORATORY WORK EXPERIENCE STUDENT REQUIREMENTS

1. Submit your check stubs or a photocopy of the check stub to document the hours worked each pay period (weekly, every two weeks, or monthly).
2. Submit the signed Exploratory Work Experience Agreement.
3. Report any changes in job duties or loss of your job.
4. Work on the a job total of 270 hours by the projected completion date.

*I understand the above requirements and will follow them to receive work experience credit.*

NAME (please print) \_\_\_\_\_ Date \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ X

### **Jobs not acceptable for credit:**

A student will not receive credit for the following types of employment:

1. Unlicensed business.
2. Door-to-door solicitation.
3. Telephone solicitations from a home or unlicensed business.
4. Normal family duties at the student's own home.
5. Babysitting (unless at a licensed child care facility).
6. Jobs which do not comply with federal, state, and local health, safety, and legal requirements.