

Marion County Public Schools
Cooperative Education
EMPLOYER AGREEMENT

I agree to employ the following student in the capacity of _____
(Job Title)

STUDENT NAME _____ **STUDENT#** _____ **SCHOOL** _____

Employer/Training Station Responsibilities:

- The employer will provide occupational experience of instructional value.
- The student's activity will be under the supervision of an experienced and qualified person.
- The work will be performed under safe and hazard-free conditions.
- The employer will adhere to all State and Federal Regulations regarding employment, Child Labor Laws, and minimum wages, and will not discriminate in employment policies, education programs, or activities for reasons of race, sex, color, religion, national origin, marital status, age, or handicap.
- The employer will carry Workman's Compensation Insurance on student employed.
- The employer will assist the coordinator in the preparation of a training plan.
- The employer will notify the coordinator if any problems arise, changes are necessary, or if termination seems likely.
- The employer will provide progress reports and verification of the hours worked and recorded by student.

Marion County School Board Drug Testing Policy: The results of a student's drug test by Marion County Public Schools are strictly confidential and cannot be shared with a student's employer. Therefore, businesses need to continue their current drug testing procedures in regard to student employees. Employers are responsible for drug/alcohol testing according to their own policies and procedures.

Student Responsibilities:

- The student will comply with the rules set up by the school, employer, and coordinator.
- The student will notify the employer and coordinator if it is necessary to be absent from school/work.
- The student will be in regular attendance in school and at work. **No School, No Work.**
- The student will not change or quit jobs without notifying the coordinator.

Name of Firm/Business _____

Business Owner/Manager (if different than Supervisor) _____

Street Address: _____

City/St/Zip: _____

Phone: _____ Email: _____

Supervisor Last Name, First Name _____

► **Supervisor or Manager Signature** _____ **Date:** _____

Student Signature _____ **Date:** _____

Parent/Guardian _____ **Date:** _____

Teacher/Coordinator Signature _____ **Date:** _____