

Oxford Area High School – Workplace Experience Employer Contract

The **STUDENT** agrees to:

- Follow all conditions outlined in **Workplace Experience Student Contract**.
- Maintain satisfactory grades in all courses.
- Follow all school rules while in the workplace
- **Maintain permanent employment.**
- Complete necessary documentation.
- Inform the coordinator when changing employers.

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| STUDENT information: | PRINT LEGIBLY FIRST and LAST names: | |
| | Signature: | Date: |
| | Phone # and e-mail address: | |
| Job title: | | Circle days to be employed: M T W Th F |
| Hours: | | Must work during school days/hours! |
| Homeroom Teacher: | | |

The **PARENT** agrees to promote the value of the student's experience by cooperating with the teacher / administrator and the employer, and to encourage good work and study habits.

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| PARENT information: | PRINT LEGIBLY FIRST and LAST names: | |
| | Signature: | Date: |
| | Phone #(s) and <i>e-mail address</i> : | |

The **JOB SUPERVISOR** agrees to:

- Provide the student with an opportunity to learn job skills
- Instruct the student regarding job responsibilities
- Address job-related concerns
- Maintain legal, safe, and appropriate work conditions for student employees
- Notify the parent **and school** immediately in case of accidents, illness, or other serious problems
- Not discriminate in employment, educational programs, or activities on the basis of race, color, sex, national origin, or handicap

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| EMPLOYER: SUPERVISOR and BUSINESS information: | PRINT CLEARLY & LEGIBLY FIRST and LAST names: | | |
| | Signature: | | Date: |
| | Name of Business: | | |
| | Phone #(s) | Fax # | <i>e-mail address</i> : |
| | Address: | | |
| | City, State, Zip: | | |

Due: August 15, 2020

Administrator Approval:

Date:

School Contact: Mr. Jamie Canaday jcanaday@oxfordasd.org
Phone 610-932-6640 fax 610-932-6649