## **Work Experience Contract- Employer**

Student:	School:	Date:
Student/Worker Position:		Birth Date:
Supervisor Name:Career Specialist:		pecialist:
Work Site Name:		
Work Site Address/Telephone:		
Starting Date:	Days/Hours Per Week:	
Starting Wage \$	_ Other Compensations (i.e. class c	eredit):
The Employer agrees to do the following:  Place the student on the job listed above and assign tasks that have instructional value.  Monitor the students' work activities.  Participate in the evaluation of the students' performance.  Inform the school of problems or concerns as soon as possible.  Comply with all federal, state, and local health and safety standards as they apply in the workplace.  Treat information provided by the school (regarding the student) as confidential.  Comply with all Department of Labor applicable regulations.  The Career Specialist agrees to the do the following:  Insure that the school has on file verification that the student has insurance coverage.  Insure that the student has on file a signed liability release, transportation permission form.  Provide necessary medical and emergency care information at work site.  Provide information relevant to student's job performance which would be beneficial to a successful work experience.  Visit the job site at regular intervals and/or maintain ongoing communication with employer.  Respond quickly to any problems or concerns noted by the employer and assist in resolving problems.  Maintain ongoing contact with student's parents/guardian throughout the work experience.		
Employer		
Career Specialist		
Student		
Parent		