

# Cooperative Education Program Application

North Shore Technical High School

30 Log Bridge Road Middleton, MA 01949

Telephone: 978-762-0001 Fax: 978-762-4589

Email: [balzarin@nsths.mec.edu](mailto:balzarin@nsths.mec.edu) Date: \_\_\_\_\_

## STUDENT DATA

Student's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Vocational Technical Program: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If you have a resume and/or employer cover letter, please include a copy with this application

## STUDENT EMPLOYMENT INFORMATION

Are you legally authorized to work in the United States? Yes No

Do you have transportation to/from work? Yes No

Do you have a driver's license: Yes No License Number: \_\_\_\_\_

Are you available to work part time after school on academic weeks if requested? Yes No

Are you available to work 40 hours during shop week? Yes No

Are you willing to work overtime during shop week if requested? Yes No

Please list any days and/or hours that you are unable or unwilling to work: \_\_\_\_\_

Do you agree to follow all the rules and regulations for participation in this program as outlined in the student handbook? Yes No

Please briefly explain your future educational and/or work plans for after graduation:

Have you ever been convicted of a felony or a misdemeanor? Yes No

If yes, give details including date and nature of offense: \_\_\_\_\_

## PARENTAL INFORMATION

Parent's Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Although your son/daughter will be covered by the cooperating employer's workers' compensation insurance, in case of an accident, what other insurance coverage do you have?

Name of Insurance Provider: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

## EMPLOYMENT RECORD INFORMATION

Last Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary \_\_\_\_\_

\_\_\_\_\_ May We Contact: Yes No

Supervisor: \_\_\_\_\_ Co. Phone Number: \_\_\_\_\_

Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Please list 2 personal and/or professional adult references. (Must not be a relative)

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this individual: \_\_\_\_\_

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this individual: \_\_\_\_\_

\_\_\_\_\_

## SIGNATURES

1. The statements and information furnished by us in this application are true and complete.
2. We give permission for the student named in this application to participate in the Cooperative Education Program.
3. We give permission for representatives of the school to release academic and vocational-technical records and grades, past and present, as well as any other pertinent information that may be required by potential cooperating employers for the purpose of evaluation.
4. We understand that if at any time, in the opinion of the placement counselor, the student is not meeting the requirements of this program with regards to grades, attendance, attitude and/or performance his/her placement will be terminated.

Our signatures certify that we have read and agree with the above statements.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

## VOCATIONAL SENIOR TEACHER

Has this student completed one and a half years of instruction in this vocational-technical program? Yes    No

Has this student satisfactorily completed all appropriate safety instruction in this vocational-technical program? Yes    No

Has this student attained a sufficient level of achievement in the school-based vocational-technical program in preparation for transition into a work-based environment at this time?

Do you recommend this student for cooperative education placement? Yes    No

Additional comments and/or information: \_\_\_\_\_

Please provide an up to date copy of the student's competency profile to be used in the interview and placement process.

\_\_\_\_\_  
Signature of Senior Teacher

\_\_\_\_\_  
Date

## TEACHERS RECOMMENDATION

This student has met the initial eligibility requirements, as outlined in the student handbook, and is applying to participate in the cooperative education program and needs your recommendation in order to do so. If you feel that this student has demonstrated the necessary skills to be successful in the workforce and you would like to recommend him/her for placement at this time, check yes.

SUBJECT	SIGNATURE	RECOMMENDATION	
Shop	_____	Yes	No
Related	_____	Yes	No
English	_____	Yes	No
Math	_____	Yes	No
Science	_____	Yes	No
Phys Ed	_____	Yes	No
Social Studies	_____	Yes	No
Other	_____	Yes	No
Other	_____	Yes	No
Other	_____	Yes	No

## ADMINISTRATOR'S RECOMMENDATION

Guidance Counselor \_\_\_\_\_ Yes    No

Vocational Coordinator \_\_\_\_\_ Yes    No

Assistant Principal \_\_\_\_\_ Yes    No

Principal \_\_\_\_\_ Yes    No

Placement Counselor \_\_\_\_\_ Yes    No

See Mr. Balzarini before bringing this application to the employer; the first 3 pages must be complete.

### COOPERATING EMPLOYER DATA

Name of Firm: \_\_\_\_\_  
Address: Street and Number: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Nature of Employer's Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Hiring Person: \_\_\_\_\_ Student's Supervisor: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### COOPERATING EMPLOYER INFORMATION

Hours per Co-op week: \_\_\_\_\_ Starting Wage: \_\_\_\_\_  
Salary Increase Policy: \_\_\_\_\_

Do you agree to follow all the rules and regulation for participation in this program?

Yes No

Do you agree to provide the student with a work environment that meets health and safety standards that maximize employee protection and are in compliance with O.S.H.A. regulations?

Yes No

Do you agree not to employ the student during school hours on academic weeks?

Yes No

Do you agree to follow all State and Federal labor and wage laws and regulations?

Yes No

Is your company an affirmative action/equal opportunity employer who does not discriminate against any applicant because of race, color, religion, sex, national origin, age, marital status, veteran status, disability, or other legal protected group and that all working conditions related to hours, wages, and benefits are free from discriminatory practices?

Yes No

Workers' Compensation

Insurance

Insurance Number: \_\_\_\_\_ Company: \_\_\_\_\_

Please have your insurance agent fax (978-762-4589) or mail a Certificate of Workers' Compensation Insurance to Joseph Balzarini, Placement Counselor, North Shore Technical High School, 30 Log Bridge Road, Middleton, MA 01949.

Please list the number of qualified and experienced workers now employed by your company in the student's occupational program area. (i.e. Carpenter, electrician, chef, auto technician, etc.)

Do you agree to provide a qualified and experienced worker to be responsible for the direct and constant supervision of this student?

Yes No

Do you agree to provide the student with a progressive and diversified learning experience that will strengthen his/her employment skills while working on the job? Yes No

Please list the most pertinent vocational-technical skills, that the student learner will have the opportunity to strengthen while working for your company:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

***Important Notice:*** Several trades for which cooperative training is approvable have been declared "hazardous" and regulated by Federal and/or State statute (whichever is most rigid). In all such trades the work of the student-learner shall be incidental to his or her training, shall be intermittent and for short periods of time, and shall be under the direct and close supervision of a qualified and experienced person.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date