



## COOPERATIVE EDUCATION APPLICATION

Minuteman High School admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability.

### STUDENT DATA

**Student's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Career Program:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Other Phone** \_\_\_\_\_

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

### STUDENT EMPLOYMENT INFORMATION

Do you have transportation to/from work?     Yes     No

Do you have a driver's license?     Yes     No    License # \_\_\_\_\_

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

Are you available to work full time (40 hours) during shop week?     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

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

If yes, provide date and nature of offense:  
\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Other Phone** \_\_\_\_\_

**Email:** \_\_\_\_\_



### STUDENT EMPLOYMENT RECORD INFORMATION

Last Employer:	_____	Employment Dates:	_____
Type of Business:	_____	Job Title:	_____
Address:	_____	Salary:	_____
	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor:	_____	Co. Phone Number:	_____
Duties:	_____	Reason for leaving:	_____

Previous Employer:	_____	Employment Dates:	_____
Type of Business:	_____	Job Title:	_____
Address:	_____	Salary:	_____
	_____	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	_____		
Address:	_____		
	_____		
Home Phone:	_____	Work Phone:	_____
Years Acquainted:	_____	Occupation:	_____
Relationship to individual:	_____		
Name:	_____		
Address:	_____		
	_____		
Home Phone:	_____	Work Phone:	_____
Years Acquainted:	_____	Occupation:	_____
Relationship to 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 cooperative education.
3. We give permission for representatives of the school to release academic and technical records including Competency Attainment Lists, 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 cooperative education coordinator, 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

\_\_\_\_\_  
Date

## TECHNICAL LEAD TEACHER

Has this student completed one and one 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, and obtained a 10 hour OSHA safety card?  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 learning environment at this time?  Yes  No

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

Please indicate the total number of shop hours that this student has completed in this program to date. \_\_\_\_\_

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

***Please provide an up to date copy of the student's Competency Attainment List to be used in the interview and placement process.***

\_\_\_\_\_  
Signature of Lead Teacher

\_\_\_\_\_  
Date



### REQUIRED MINUTEMAN SIGNATURES

This student is applying to participate in the cooperative education 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. Please note that if it becomes necessary to withdraw your recommendation during the school year, simply notify the cooperative education in writing.

SUBJECT	SIGNATURE	RECOMMENDATION
<i>Shop Instructor</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Guidance Counselor</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Assistant Principal</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Return form to Mr. Pitta for the following two signatures:**

<i>Cooperative Education Coordinator</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Director of Career and Technical Education</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

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



### COOPERATING EMPLOYER

Name of Student: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Nature of Employer's Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Hiring Person: \_\_\_\_\_

Student's  
Supervisor: \_\_\_\_\_

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

Hours per co-op  
week: \_\_\_\_\_

Starting  
wage: \_\_\_\_\_

Salary increase  
policy: \_\_\_\_\_

Do you agree to follow all the rules and regulations 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 equal opportunity employer who does not discriminate against any applicant because of race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation or any other legally protected group and that all working conditions related to hours, wages, and benefits are free from discriminatory practices and comply with all applicable federal and state laws prohibiting discrimination in hiring or employment practices?

Yes  
 No

Workers'  
Compensation  
Insurance Number: \_\_\_\_\_

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

Please have your insurance agent FAX (781-861-7250 or mail

**Certificate of Workers' Compensation Insurance** to

Mr. Joseph Pitta

Cooperative Education Coordinator

Minuteman High School

758 Marrett Road, Lexington, MA 02421



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 provide him/her with technical and employability skills while working on the job?  Yes  No

Please list the skills that the student learner will have the opportunity to acquire while working for your company:

1)

2)

3)

4)

5)

6)

7)

8)

\_\_\_\_\_  
*Signature of Cooperating Employer*

\_\_\_\_\_  
*Date*