

WEST SENECA CENTRAL SCHOOL DISTRICT

Workplace Experience Training Agreement

1445 Center Rd. · West Seneca, New York 14224-4098 Telephone: 716/677-3317 · Facsimile: 716/677-3142

Jeffrey Rabey, Ph.D. Interim Superintendent of Schools John Brinker, West Senior Principal Academies & CTE Facilitator

В	usiness	Information

Business Information				
Business:	Business Contact Name:	Phone:		
Address:	New York, Zip:	Email:		
Type of Work:				
Student Information				
Student's Name:	Date of Birth:	/ Working Papers required if un	nder 18	
Student's Address:		Working Papers Provided □Y □	N □Not Required	
Students Cell Phone:	Phone: Internship Start Date:	/ / End Date: / /	/	
High School: East West Grad Year	Academy: □AOBF □AOIT/DM □A	OLS Internship Type (Academy Office): C	CO-OP GEWEP CEIF	
In order to successfully operate	this program, it is advisable that all Student's Respons		owing responsibilities	
 Comply with the rules established by the school, director, and employer Do not use cell phone while at internship site Notify the employer and director if you must miss work. Maintain regular attendance in school and at work. No School-No Work. Consult with director regarding any problems including wanting to change internship. MUST COMPLETE MINIMUM OF 50 HOURS AT EACH SITE Employer/Training Station's Responsibilities: Inform the student intern of company rules, regulations, policies/procedures, dress, and duties. Provide a varied work experience for a period agreed upon by the workplace and the school. 				
 Provide student with the conditions and other reg Notify the director if an Provide input on the stu 	ents to jobs and otherwise treat students wi	in regards to safety, health, social security and local laws. r if termination seems likely.		
 Oversee related classroe Contact the employer ar 	TRAINING OU'	the training sponsor. Oncerns at least once during each grading FLINE	period.	
The Intern will demo	nstrate the following tasks du	ring his/her internship:		
•				
•				
•	Obtain Required Signat	ures in Order		
1. Student:	Date:	Phone:		
2. Parent or Guardian:	Date:	Phone:		
3. Employer:	Date:	Phone:		
4. Academy /CTE Facilitator:	Γ	Pate: Pho	one:	