Cooperative Education Application

Date: _____

Last Name: _____ First Name: _____ Middle Initial: ___

Student ID #: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Program: _____ Course Number: _____ Advisor/Instructor: _____

Semester: Fall Spring Summer Year:

Days Available: M T W R F S SN Hours Available: _____

Work Site Identified: Yes No

If yes, please list name of Company: _____

Contact Person: _____

Contact Information: Phone: _____ E Mail: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Comments:

_____

At completion of your cooperative educational experience you and your employer will receive an electronic link for evaluation of your experiences.

MEMORANDUM OF EMPLOYMENT AGREEMENT

This agreement is made between_____(student and employer) and Bluegrass Community & Technical College.

The purpose of this agreement is to provide students of the college and opportunity to learn employable skills.

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and be punctual, dependable and loyal.
- Notify the employer and the coop coordinator as soon as possible if unable to attend the work site.
- Complete the monthly Student Performance Reviews with earned hours worked, and answer the questions. Submit the forms on or before the specified deadlines.
- Update your resume at the end of the term and submit the resume electronically to the coop coordinator.
- Conform to the policies and regulations of the employer.
- Register for the coop through a schedule or an add form and pay for the credit hours.
- Maintain a satisfactory performance level on the job.
- Abide by the Training Plan Agreement developed by the coop coordinator and employer.

THE INSTRUCTOR, ON BEHALF OF THE COLLEGE, AGREES TO:

- Prepare, with the help of the employer, a Training Plan Agreement.
- Revise the Training Plan Agreement as needed to enhance the student's work experience.
- Contact the student and employer during the co-op to determine instructional needs and to insure that the student receives job training and supervision as well as variety of job experience.
- Recognize that much of the information gathered at the company may be confidential.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing relevant work experience in the student's field of study in accordance with the Training Plan Agreement.
- Assist the coop coordinator in evaluating the student's performance on the job by completing the Midterm Employer Performance Review at midterm and the Final Employer Performance Review by the last day of the term.
- Avoid subjecting the student to unnecessary or unusual hazards.
- Notify the coop coordinator immediately in case of accident, sickness or any other serious problems that require medical attention.
- Permit and expect the coop coordinator to visit and/or contact the employer to discuss the progress of the student and /or observe the student on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, and general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, national origin, sex, disabilities, religion, marital status or age.

Employer certifies that Worker's Compensation Insurance covers this student and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 324.630) (or with the appropriate agency if outside of Kentucky).

Employer	**Date**	**Student**	**Date**
Program Instructor	**Date**	**Co/op Coordinator**	**Date**

The Kentucky Community and Technical College System complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, marital status or age.

TRAINING PLAN/PERFORMANCE GOALS AGREEMENT

Student Name:_____

Company Name: _____ Phone: _____

Address: _____

City: _____ State: ____ Zip: _____

Contact: _____ Hours per Week: _____

Title: _____ Starting Date: _____

Work Schedule:

M T W R F S SN

Rate of Pay: $ _____ per _____

Student will be trained in/complete the following tasks or meet the following performance goals:

Student Signature: _____

Time Sheet/Work Supervisor Evaluation

Student's Name _____

Employer _____

Work Period from (date) _____ to _____Total Hours _____

Please rate student and make remarks for improvement:
E = Excellent **G = Good** **S = Satisfactory** **B = Below Average** **N = Needs Improvement**

Remarks:

_____

_____

I verify that this is a true and accurate statement of the student's attendance and evaluation.

Signature of Supervisor or Employer_____ Date _____