Name _____



STUDENT Paperwork Checklist

You MAY NOT receive your pass to leave campus until all documents have been completed and submitted!

Document	Date Received	Coordinator Initials	Points
Work-Based Learning Application that includes parent/guardian consent			/20
Safety and Training Agreement			/20
Student Contract: Off-Campus or On-Campus			/10
2 - Completed Teacher Recommendations			/20
Verification of age (Birth Certificate or Driver's License) – upload picture in e-class			/10
Join Remind - Discovery WBL@workbase24			/10
Printed Copy of Student Grad. Profile - DONE BY COODINATOR			/10
Job Site Information Sheet - printed from computer. *INCLUDES 10 Job Tasks printed from computer			/100 (Graded individually)

Notes: Please be aware that there is a required Initial Orientation that must be completed before you leave campus. There are also required monthly meetings that will be announced during the initial orientation. These meetings are considered graded assignments.

Student Sign Date	



APPLICATION TO GWINNETT COUNTY PUBLIC SCHOOLS WORK-BASED LEARNING PROGRAM

Part 1: Student Application

Date:	Student First and Last Name	:								
Student I.D #:	Date of Birth:									
Address:	City:	Zip Code:								
High School:	Current Grade:	Graduation Year:								
Parent's/Student's E-mail:		Home Number:								
Mother/Legal Guardian Name:		Daytime Telephone:								
Father/Legal Guardian Name:	Daytime Telephone:									
Parent/Guardian Cell #:	dent's Cell #:									
Have you decided upon a care	er? 🗆 Yes 🗆 No If yes, wha									
Current Place of Employment:		Phone Number:								
Address:		City:								
Supervisor's First Name:	Last Nar	ne:								
Is your current	job in a career field you wish	ı to pursue? □ Yes □ No								
Do	you plan to keep this job?	☐ Yes ☐ No								
If no, w	hat type of job placements a	e you interested in?								
		e approved by the coordinator.								
1 st choice:	2 nd choice:									
List any previous work exper	List any previous work experience:									
	1011001									
Company Name:	Dates Worked:	Primary Duties								
		Primary Duties								
		Primary Duties								
Company Name:	Dates Worked:	·								
Company Name:	Dates Worked:	Primary Duties No If no, how do you plan to get to work?								
Company Name: Do you currently have a valid d	Dates Worked: river's license? □ Yes □	No If no, how do you plan to get to work?								
Do you currently have a valid d	Dates Worked: river's license? ☐ Yes ☐ r plans for post-secondary	No If no, how do you plan to get to work?								
Company Name: Do you currently have a valid do Outline you Where do you plan to go to coll	river's license? ☐ Yes ☐ r plans for post-secondary lege or be trained?	No If no, how do you plan to get to work?								
Do you currently have a valid d	river's license? ☐ Yes ☐ r plans for post-secondary lege or be trained?	No If no, how do you plan to get to work?								
Company Name: Do you currently have a valid do Outline you Where do you plan to go to coll What will be your major concer	Dates Worked: river's license? □ Yes □ r plans for post-secondary ege or be trained? ntration of study?	No If no, how do you plan to get to work? reducation or training:								
Company Name: Do you currently have a valid do Outline you Where do you plan to go to coll What will be your major concert. List any courses or training you	river's license? ☐ Yes ☐ Ir plans for post-secondary lege or be trained? Intration of study? The property of the property	No If no, how do you plan to get to work? reducation or training: Il aid in evaluating your qualifications for a								
Company Name: Do you currently have a valid of Outline you Where do you plan to go to coll What will be your major concert List any courses or training your Gwinnett County Public School	river's license? ☐ Yes ☐ Ir plans for post-secondary lege or be trained? Intration of study? In the pool's Work-Based Learning	No If no, how do you plan to get to work? reducation or training: Il aid in evaluating your qualifications for a repursuing								
Company Name: Do you currently have a valid of Outline you Where do you plan to go to coll What will be your major concert. List any courses or training you Gwinnett County Public School a career in the medical field, we	river's license? ☐ Yes ☐ Ir plans for post-secondary lege or be trained? Intration of study? In have completed which with the pol's Work-Based Learning which science courses have yet.	No If no, how do you plan to get to work? reducation or training: Il aid in evaluating your qualifications for a reprogram. For example, if you are pursuing you taken? If you are pursuing a career in a								
Company Name: Do you currently have a valid of Outline you Where do you plan to go to coll What will be your major concert. List any courses or training you Gwinnett County Public School a career in the medical field, which business field, which business	river's license? ☐ Yes ☐ Ir plans for post-secondary lege or be trained? Intration of study? In have completed which with the pol's Work-Based Learning which science courses have yourses have yourses have you taken? To	No If no, how do you plan to get to work? reducation or training: Il aid in evaluating your qualifications for a repursuing								
Company Name: Do you currently have a valid of Outline you Where do you plan to go to coll What will be your major concert. List any courses or training you Gwinnett County Public School a career in the medical field, we	river's license? ☐ Yes ☐ Ir plans for post-secondary lege or be trained? Intration of study? In have completed which with the pol's Work-Based Learning which science courses have yourses have yourses have you taken? To	No If no, how do you plan to get to work? reducation or training: Il aid in evaluating your qualifications for a reprogram. For example, if you are pursuing you taken? If you are pursuing a career in a								
Company Name: Do you currently have a valid of Outline you Where do you plan to go to coll What will be your major concert. List any courses or training you Gwinnett County Public School a career in the medical field, which business field, which business	river's license? ☐ Yes ☐ Ir plans for post-secondary lege or be trained? Intration of study? In have completed which with the pol's Work-Based Learning which science courses have yourses have yourses have you taken? To	No If no, how do you plan to get to work? reducation or training: Il aid in evaluating your qualifications for a reprogram. For example, if you are pursuing you taken? If you are pursuing a career in a								
Company Name: Do you currently have a valid of Outline you Where do you plan to go to coll What will be your major concert. List any courses or training you Gwinnett County Public School a career in the medical field, which business field, which business	river's license? ☐ Yes ☐ Ir plans for post-secondary lege or be trained? Intration of study? In have completed which with the pol's Work-Based Learning which science courses have yourses have yourses have you taken? To	No If no, how do you plan to get to work? reducation or training: Il aid in evaluating your qualifications for a reprogram. For example, if you are pursuing you taken? If you are pursuing a career in a								

Turn in two recommendations from a teacher, a counselor, or a school administrator with this application. If you are applying for apprenticeship, attach a paragraph to your application stating why you want to be in a work-based learning program.

I understand that

- enrollment in a Gwinnett County Public School's work-based learning program is limited and that making application for enrollment does not mean that I will automatically be accepted;
- an interview with a work-based learning coordinator will be a part of the application process to determine a match between my career goals and my current and previous academic classes;
- once accepted, I must complete all required forms one of which includes acceptance of my responsibilities under the program guidelines;
- my grades, discipline record, and attendance record may be checked by the coordinator prior to acceptance into the program;
- if, after the semester begins and the student has to finalize his/her schedule and the student still has not become employed, he or she will be required to request a schedule change and will be enrolled in regular classes with a regular class schedule. (Check with your teacher to find out what your school's grace period is for schedule changes);
- students may be required by their employer to work holidays, weekends and/or Spring Break;
- if a period of unemployment occurs within or at the end of a semester, the student will be placed under coordinator or administrator supervision for the work release periods and may not leave campus without permission of the coordinator or administrator;
- In the event the student loses his/her driver's license, other transportation will be the responsibility
 of the student and/or family. Continuation of work is necessary to complete the required number of
 hours for credit.
- Students who complete the required hours for the course prior to the end of the semester will not be allowed to leave their job, because work credit is based on continuous employment until the end of the school term.
- Students must leave campus when regular classroom instruction is complete each day.

Confidentiality in all jobs is a must. Your employer takes confidentiality very seriously and may require you to sign a confidentiality agreement. Prior to taking photographs or using any forms, reports, etc. as samples for your portfolio, you must obtain permission in advance from your employer. Any breach of confidentiality required by your employer or any other offense that results in your termination will, in turn, result in the loss of your work-based learning credit.

The student is required to check with their local school to determine the minimum number of hours required in this program. By signing below, the student and Parent/Guardian acknowledge understanding of the above and agree that this student is permitted to apply to Gwinnett's County Public School work-based learning program. If the student is accepted, he/she will abide by all requirements of the program.



Part 2 ~ Parent/Guardian Consent

Work Based Learning Early Release Consent: I understand that my child named above is enrolled in the work-based learning program at the school listed above and that my child will be dismissed from school at the end of his/her regularly scheduled on-campus classes each day. I assume full responsibility for my child after dismissal from school, including days when my child is not required to be on the job.
Transportation Consent: (School-provided transportation is not available to work sites.) I hereby give my son/daughter/ward permission to drive to their designated work site. I expressly release the work-based learning program work site, local school and the Gwinnett County Public Schools and any agents of the employer or the school system from any liability that may result from my son/daughter/ward's use of his/her individual transportation. My child is covered by automobile insurance as follows:
Field Trip/Class Projects: Permission is granted for my son/daughter/ward to participate in field trips and class projects during the session(s) he/she attends Gwinnett County Public Schools. Transportation may be provided by the school system. In addition, another form requiring signature may be required by the local school designating the destination and purpose of the field trip along with the departure and return date information.
Photo/Media Release: I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of me or my minor child by Gwinnett County Public Schools or their designee. I understand that any photographs, audio recordings, and/or video recordings become the property of the local school/district/designee and may be used by the school, district, or others with the consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or to be created in the future.
Student Record Release: I authorize the Gwinnett County Public School System to release my son/daughter/ward's academic and attendance records to any potential employer and I agree that the Gwinnett County Public Schools and its agents will be absolved of any responsibility in connection with such release. This authorization can be cancelled at any time by written notice to the Work-Based Learning Coordinator. I acknowledge that my child's grades is visible on the Parent Portal.
Background check: If required for employment, I authorize a prospective work-based learning employer to conduct a background check including criminal history, employment history and education history as a condition of my son's, daughter's or ward's employment.
Health/Medical:
Treatment Consent: I hereby authorize the school or the work-based learning coordinator or work-site mentor to secure emergency medical treatment. I will assume all financial responsibility.
Insurance: Student is or is not covered by medical insurance.
Some employers require prospective employees to participate in drug screening procedures. In such cases, his procedure becomes a condition of participation/employment. I hereby consent to required drug screening of my shild or ward as a condition of employment and subsequent drug screens as dictated by the company's drug policy.
Some employers may require a physical examination and/or tetanus or tuberculosis vaccination. I consent to a company equired physical examination and/or company required vaccinations as a condition of my son's, daughter's or ward's employment.

SON/DAUGHTER/WARD IN A WORK-BASED LEARNING PROGRAM

HAVING READ WITH UNDERSTANDING THE ABOVE, I HEREBY GIVE MY CONSENT TO THE ENROLLMENT OF MY

WBL (T)

Part 3 ~ Student Age Verification

- A. My date of birth is
- B. I am or will be at least 16 years of age as of September 1st of the current school year, therefore, I am not required to obtain a work permit.
- C. IF YOU WILL NOT BE 16 YEARS OF AGE BY SEPTEMBER 1st OF THIS SCHOOL YEAR, YOU MUST OBTAIN A WORK PERMIT:
 - 1. In order for a work permit to be signed by a designated school official, the following information must be provided on the work permit form obtained from the school's main office.
 - 2. Information from the Minor's Birth Certificate - this section should be completed by the student's parent or guardian
 - 3. You cannot obtain a work permit until the employer section is completed.
 - 4. Employment Information - this section must be completed by the employer and not by you. Also, it is mandatory that the employer's signature and title appear on the permit before it can be signed by a school official.
 - 5. Once the above information has been completed, the work permit form should be carried to the school to be signed. Some form of proof of age must be presented to the designated school official. A driver's license or birth certificate is acceptable for proof of age. The school official will complete the work permit form and return the white copy of the form and a work permit card to you. Give the white copy of the work permit form to your employer. Make a copy of this form and your card and turn this copy into your coordinator to be kept on file. Keep the work permit card. Once you reach 16 years of age, you will not need a work permit.

Student Signat	ture			Date	
Parent/Guard	ian Signature			Date	
GWINNETT COUNTY PUBLIC SCHOOLS	It is the policy of the Gwinnett religion, national origin, age, o program, activity or service complaint due t	or disability in any . If you wish to re to discrimination i	employment pra equest an accom	actice, educational prog modation or modificatio activity or service, conta	ram, or any other on or to make a
SCHOOLS	437	Old Peachtree Roo	ad, NW, Suwanee	, Georgia 30024	
	School Use O	mly ~ Do No	ot Write Bei	low This Line	
	☐ Apprenticeship		Со-ор	☐ Internship)
	Approved	Hold	•	another program:	



GWINNETT COUNTY PUBLIC SCHOOLS WORK-BASED LEARNING PROGRAM SAFETY AND TRAINING AGREEMENT



Student Name: School

Employer: Address:

Work Site Supervisor: Title:

Work Phone Number: E-MAIL:

Please print this form after the top portion is completed, read it, and sign below. The Student-Learner Agrees:

- 1. To be 16 years of age and possess documentation required to work in the United States required by the employer. Social Security number will be required for payroll purposes by the employer.
- 2. The student must be 16 years of age by September 1st and provide proof of age documentation.
- 3. To assume the responsibility for finding a job; the coordinator may assist with job leads but cannot promise a job to a student or demand one from an employer.
- 4. To provide transportation to and from work.
- 5. To attend school and work regularly and not go to work when absent from school unless previously discussed with the coordinator. Student may be required to sign out with the coordinator each day and if so, failure to do so will affect the student's grade.
- 6. To attend meetings with the coordinator, scheduled in advance, or deductions will be made to the final grade.
- 7. To discuss unpleasant job situations, including harassment, with the coordinator and with the supervisor-- not with anyone else.
- 8. To represent the school and employer by showing honesty, punctuality, courtesy, and a willingness to learn. If the student is dismissed from employment or requires disciplinary action at school due to negligence or misconduct, proved by school investigation, the student may be dropped from the program and may lose school credit.
- 9. To work the average number of hours required by your work-based learning program. Hours for your program are based on credit and periods enrolled. However, your employer may require you, within reason, to work more than your course credit required hours and may schedule you during school breaks and holidays. Your schedule is determined by the employer and meets all child labor standards.
- 10. To provide a typed two-week notice when terminating a job unless the employer gives special permission to do otherwise.
- 11. To make job changes only with the prior approval of the coordinator. The coordinator reserves the right to change the student's job if necessary.
- 12. To refrain from socializing with or telephoning friends and family while on the job. Students are not to use work time to study (unless the employer gives permission after work is complete), and may not use the company's computer for non-work related activity.
- 13. To be evaluated by the coordinator and the employer as needed. (Employer evaluations are done three times per semester).
- 14. To be aware that part-time, work-based learning students are not eligible to receive unemployment compensation.

- **15.** To submit to the coordinator a Monthly Work Record showing total hours worked and salary earned **supported by pay stubs.**
- 16. To actively participate in the local chapter of the co-curricular organization supported by your work-based learning program.
- 17. To take part in any Employer Appreciation Activity sponsored by your work-based learning coordinator
- 18. To complete promptly all necessary reports.
- 19. To leave campus immediately after his/her classes on campus are over and not return without approval of the coordinator.
- 20. To allow the release of student records regarding grades, attendance, and discipline for the purpose of employment.
- 21. To call the employer and coordinator by 10:00 a.m. on day of absence if absence has not been previously arranged.
- 22. To remain at school the entire school day if assigned to In-School Suspension (ISS). 23. To understand that if suspended from school, the hours worked after school during a suspension will not count toward the hours required for work credit.
- 23. To report to the coordinator during the scheduled work periods if temporarily unemployed and remain under the supervision of the coordinator or designee until the end of the regular school day.
- 24. That as an apprenticeship student upon high school graduation, he/she will complete an annual survey sent out by the work-based learning coordinator to document continued progress toward meeting the requirements of becoming a completer of the apprenticeship program.

The Parents/Guardians of the Student-Learner Agree:

- 1. To encourage the student-learner to carry out effectively his/her duties and responsibilities.
- 2. To assume responsibility for the conduct and safety of the student from the time he/she leaves school until he/she reports to work; likewise, from the time he/she leaves his/her job until he/she arrives home.
- 3. To make inquiries concerning the student-learner's training, wages, or working conditions through the coordinator rather than directly to the employer. It is imperative that any problem the student is having should be discussed with the coordinator and not the employer.
- 4. To understand that the student-learner must attend school and work regularly and not go to work without going to school, nor go to school without going to work unless previously discussed with the coordinator.
- 5. To offer assistance to the coordinator, serve as a resource person, or help in other ways that could benefit the school and the students.
- 6. To allow the release of student records regarding grades, attendance and discipline for the purpose of employment.
- 7. To assume responsibility for adequate insurance, including but not limited to, health and automobile coverage.
- 8. To make sure the student has transportation to and from work that does not interfere with the student getting to work when scheduled.

- 9. To understand, that when my child is temporarily unemployed, (s)he must report to the coordinator during the scheduled periods and that (s)he is under the supervision of the coordinator or designee until the end of the regular school day.
- 10. I have read the requirements for my son/daughter/ward's participation in a Gwinnett County Public School Work-based learning program. I understand the commitment to class and work, and I will support him/her in that commitment. I understand that he/she must adhere to these guidelines and complete the training outlined in the documentation to remain in the program.

The Employer Agrees:

- 1. To provide a variety of skilled work experiences for the student-learner that contribute to the attainment of his/her career objective.
- 2. To assist the student in the development of his/her training plan.
- 3. To employ the student-learner for at least the minimum number of hours per week.
- 4. To provide a progressive wage scale established by the employer if student is in a paid work-based learning category.
- 5. To adhere to policies and practices which prohibit discrimination on the basis of race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work tasks, hours of employment, levels of responsibility and pay.
- To provide instructional materials and occupational guidance for the students by providing a work-site mentor.
- 7. To assist in the evaluation of the student-learner.
- 8. To adhere to all Federal and State regulations including child labor laws, minimum wage regulations, worker's compensation insurance and work permits. Student unemployment insurance is not mandatory for part-time students.
- 9. To adhere to income tax and social security withholding regulations. Students will receive a W-2 or a 1099 for taxable earnings.
- 10. To provide time for consultation with the teacher-coordinator concerning the student-learner and to discuss with the coordinator any difficulties that may arise.
- 11. To inform the coordinator before or immediately following the dismissal of the student-learner.
- 12. To adhere to all Federal and State regulations regarding the hiring and employment of apprenticeship students including non-United States citizens.
- 13. The student has completed the necessary safety training for the current position of employment. The employer certifies that the proper procedures related to the job requirements have been shown and/or demonstrated to the student and that, in case of emergency, the student has been given instructions on what to do to resolve the emergency situation. The student understands that failure to comply with these safety procedures may result in personal injury or injury to others. The student agrees to follow all safety rules and regulations of the current employer.
- 14. The employer also certifies that he/she has received a copy of the Employer Handbook for students in Gwinnett County Public Schools Work-Based Learning Program.

The Coordinator Agrees:

- 1. To provide instruction on requirements for successful completion of the Work-Based Learning program.
- 2. To conduct supervisory visits to the student's place of employment; to telephone or conference as needed with the student, employer, or parents.
- 3. To render assistance with training problems of the student-learner. The coordinator has the authority to immediately remove the student from the job.
- 4. To assist in the evaluation of the student-learner.
- 5. To keep accurate records pertinent to the student and the school.
- 6. To relate any job leads appropriate to the skill level of the student seeking employment. Coordinator does not guarantee the student a job.

I have read, understand and agree to carry out the responsibilities delegated to me per the above.

Student Signature Date
Parent/Guardian Signature Date
Employer Signature Date
Coordinator Signature Date

It is the policy of the Gwinnett County School System not to discriminate on the basis of race, color, sex, religion, national origin, age, or disability in any employment practice, educational program, or any other program, activity or service. If you wish to request an accommodation or modification or to make a complaint due to discrimination in any program, activity or service, contact:

The Office of Internal Resolution

437 Old Peachtree Road, NW, Suwanee, Georgia 30024



Work-Based Learning, Gwinnett



ADMINISTRATOR/TEACHER/COUNSELOR RECOMMENDATION FORM

Directions: Type your name and grade, print out this sheet and share <u>or</u> email it to an Administrator, Teacher or Counselor. Ask them to complete the form and return it or email it to your coordinator.

Student Name: Grade:													
Administrator, Counselor, or T	eacher's	s Na	me _										_
We are asking you to recor Program Based on the following Students are required to wo Students receive elective or When recommending a study good representatives of the order to meet graduation re The student must be well or requirements for school and They must be able to mana attitude. The following checklist is give an accurate assessment the applicant in summary fand return to the Work-Base	ork in the redit for school, quirement of for the ge a verent. I here	e conthis work be and an ir erry b	mmuni progra k-base regular withou d self-r nploye usy an for the that our c	ty and m. ed lear r in at rt diffid notiva r. d den nose it wil omm	I are retring, I tendar culty. ated to manding who I provestill provestill to the cults of the cult of the cults of the cult of the cults of the cults of the cults of the cults of the cul	elease keep in ce, ar be su g sche know vide a will b	d eann m nd b cce edul v th co	arly fro ind tha ie acad ssful in ie while inveni onfide	m scl at they lemic n com e mail ent r ent r	nool to go must be ally sou pleting ntaining well e methoo	go to the ne nd in a positi	eir jo	be
	No Ba	sis	for	Ве	low rage		/era		Δ	bove erage		celle	ent – 0%
Responsibility					T			Ī				Ť	
Attitude													
Personal Initiative/Effort													
Leadership													
Attendance													
Punctuality													
Interaction with Others													
Personal Character													
Communication Skills													
Overall Work Ethic													
Comments: Would you recommend this student	for a wor	k-ba	sed lear	ning pı	ogram?)	_	Ye	s		No_		_
Administrator, Teacher or Counselor	Signatur	e								Date _			



Return this form to the Work-Based Learning Coordinator at your school.

It is the policy of the Gwinnett County School System not to discriminate on the basis of race, color, sex, religion, national origin, age, or disability in any employment practice, educational program, or any other program, activity or service. If you wish to request an accommodation or modification or to make a complaint due to discrimination in any program, activity or service, contact:

The Office of Internal Resolution



ADMINISTRATOR/TEACHER/COUNSELOR RECOMMENDATION FORM

Directions: Type your name and grade, print out this sheet and share <u>or</u> email it to an Administrator, Teacher or Counselor. Ask them to complete the form and return it or email it to your coordinator.

Student Name:						G	rade:					
Administrator, Counselor, or T	eacher's	. Nam	e									_
We are asking you to recor Program Based on the following Students are required to wo Students receive elective or When recommending a study good representatives of the order to meet graduation re The student must be well or requirements for school and the title. The following checklist is give an accurate assessment the applicant in summary if and return to the Work-Bases	provicent. I here	e comr this pr work-l be reg ents wi I and s ir emp ry bus led fo lope t	munitogra base gular thou self-r loye y and hat ur c	ty and m. d learn in atte t diffice notivat r. d dema nose v it will	are rening, lendanulty. ed to anding who provents we have an	elease keep in dee, an be sud g sche know vide a will be	d early mind d be a ccessfi dule w the s conv	that the cademic will in converted the cademic with the cademic cademi	chool to go ey must be cally soun npleting intaining a t well er method	o to the e nd in a positive nough to des	ir jol	be
	No Ba	•	r	Bel Aver	ow		erage	1	Above verage		elle p 1	ent –
Responsibility	Judg			AVCI	age	Α,	crage		Verage		י קי	0 70
Attitude												
Personal Initiative/Effort												
Leadership												
Attendance	1											
Punctuality												
Interaction with Others												
Personal Character												
Communication Skills									1 1			
Overall Work Ethic												
Comments: Would you recommend this student Administrator, Teacher or Counselor			l lear	ning pro	gram?			_Yes	Date	No		_



Return this form to the Work-Based Learning Coordinator at your school.

It is the policy of the Gwinnett County School System not to discriminate on the basis of race, color, sex, religion, national origin, age, or disability in any employment practice, educational program, or any other program, activity or service. If you wish to request an accommodation or modification or to make a complaint due to discrimination in any program, activity or service, contact:

The Office of Internal Resolution