

# PEBBLEBROOK HIGH SCHOOL WORK-BASED LEARNING APPLICATION PACKET

Janice Cooper-King, WBL Coordinator

PEBBLEBROOK HIGH SCHOOL 991 Old Alabama Rd SW, Mableton, GA 30126

## Work-Based Learning/ Youth Apprenticeship Documentation Checklist

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

Each student should have the following forms **properly signed by 8/13/2021**. These forms are an IMPORTANT part of your work-based learning experience. You must submit all the forms (signed) by the due date or you will not be able to participate in Work-Based Learning / Youth Apprenticeship. You will earn 100 points on the Initial Packet for completing this major assignment properly and on time.

### ALL FORMS ARE DUE:

\_\_\_\_\_ Student Application (Email to [Janice.Cooper-King@cobbk12.org](mailto:Janice.Cooper-King@cobbk12.org) or stop by room)

\_\_\_\_\_ C-NET Information Sheet

\_\_\_\_\_ Educational Training Agreement (signed by student, parent, and employer)

\_\_\_\_\_ Employment Verification (signed by student and employer)

\_\_\_\_\_ Safety Training Agreement (signed by student and employer)

\_\_\_\_\_ Confidentiality Agreement (signed by student, parent, and employer)

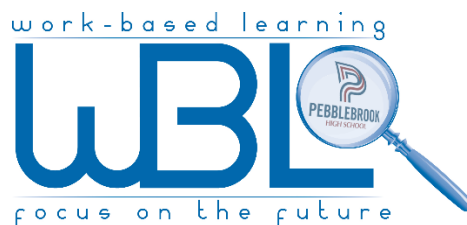
\_\_\_\_\_ Early Release Agreement (signed by student and parent)

\_\_\_\_\_ Insurance Verification Form (signed by student and parent)

\_\_\_\_\_ Parent/Guardian Consent Form (signed by student and parent)

\_\_\_\_\_ Teacher and Counselor Recommendation Form(s)

\_\_\_\_\_ Copy of Driver's License



**Business Information**  
**(Please Print)**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Company Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Supervisor's Phone # \_\_\_\_\_ Supervisor's Fax \_\_\_\_\_

Supervisor's Cell # \_\_\_\_\_ Supervisor's Email \_\_\_\_\_

Mentor's Name \_\_\_\_\_ Mentor's Phone # \_\_\_\_\_

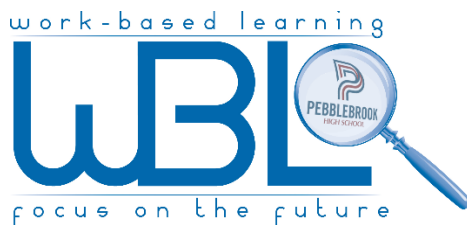
Mentor's Cell # \_\_\_\_\_ Mentor's Email \_\_\_\_\_

Student's Job Title \_\_\_\_\_

Wages per Hour \_\_\_\_\_ Normal Work Hours/Days Usually Worked \_\_\_\_\_

Date Student Was Hired \_\_\_\_\_ Plans after graduation \_\_\_\_\_

List Work Related Classes Taken \_\_\_\_\_



List in Detail Job Duties and Task \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_



**Form is double sided, please turn over to complete.**

## WBL/YAP Student Information for C-NET

### Personal Information (Please Print)

School \_\_\_\_\_

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

Preferred Name \_\_\_\_\_

Birthday \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Email Address 1 \_\_\_\_\_ Email Address 2 \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Graduation Year \_\_\_\_\_

Special Needs – CTI \_\_\_\_\_ Yes \_\_\_\_\_ No Counselor \_\_\_\_\_

Race \_\_\_\_\_ Gender \_\_\_\_\_ Social Security # \_\_\_\_\_

Parent /Guardian 1 \_\_\_\_\_

Home Address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Parent /Guardian 2 \_\_\_\_\_

Home Address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Career Pathway \_\_\_\_\_

**WBL Coordinator Use**

WBL Placement Category \_\_\_\_\_

Special Needs – IEP \_\_\_\_\_ Yes \_\_\_\_\_ No

**Form is double sided, please turn over to complete.**

## Educational Training Agreement

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Employing Company Name \_\_\_\_\_

Employing Company Address \_\_\_\_\_

Employing Company Supervisor's Name \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work-Based Learning / YAP Coordinator's Name \_\_\_\_\_

The Student Agrees:

1. Be at least 16 years of age and have a Social Security number.
2. Secure a work-permit if under 16 years of age and to file a copy with the school official, state Department of Labor, WBL Coordinator, and the employer. Provide copies of work permit to Coordinator and Employer. Work permits can be obtained from the school office and must be documented with a birth certificate.
3. Assist the WBL Coordinator in finding an appropriate employment position related to the career focus area of the program and the career objective of the student.
4. Attend school and work regularly (abide by the attendance policy) and not go to work without first going to school, or go to school without going to work, unless previously discussed with the WBL Coordinator. Failure to adhere to this part of the agreement may result in student receiving appropriate academic and/or disciplinary action. If a student will be absent from school or work, the WBL Coordinator should be notified as soon as possible.
5. Discuss all aspects of the employment with the WBL Coordinator and the worksite supervisor-not with other students, co-workers, etc.
6. Represent the school and employer by demonstrating honesty, punctuality, courtesy, and a willingness to learn. If the student is dismissed from the employment due to negligence or misconduct, proved by school investigation, the student may be dismissed from the program and may not receive school credit which might impact high school graduation.

7. Not change his/her job site without permission from the Coordinator. If so, this could lead to dismissal from the WBL Program. The WBL Coordinator reserves the right to change the student's employment situation if necessary.
8. Maintain a required GPA and work the minimum hour requirements for the program.
9. Secure your own transportation to and from work and school.
10. Be evaluated by the WBL Coordinator and mentor once per grading period.
11. Agree to release information and school related records as it pertains to the WBL Program such as academic performance, attendance, discipline, follow-up information, and photo consent.
12. Take necessary precautions and assume full responsibility for the conduct/safety during travel time between home, school, and work.
13. Grant consent for pre-employment or routine physical, required lab work, drug test, etc., as required by employer.
14. Maintain safety on the worksite.
15. Be aware that employment in the WBL Program does not necessarily qualify a student to receive unemployment compensation.
16. Abide by all terms, conditions, and policies of the employer, school, and WBL Program including WBL meetings and/or functions. Submit a weekly record indicating activities engage in at the worksite and total hours and salary earned during the week.
17. Be responsible for completing all assignments as required by the coordinator.

***THE PARENT/GUARDIAN WILL:***

1. Encourage the student to carry out effectively his/her duties and responsibilities at both the school and place of employment.
2. Assume responsibility for the conduct and safety of the student to and from work.
3. Make inquiries concerning the student's training, wages, or working conditions through the WBL Coordinator rather than directly to the employer.
4. Understand that there is a no school/no work policy. The student must go to school to go to work unless previously approved by the WBL Coordinator.
5. Offer assistance to the WBL Coordinator, serve as a resource person, and/or aid in other ways that could benefit the school and the student.
6. Allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.
7. Provide school insurance or release form stating son/daughter is covered under their personal health insurance policy. To provide auto and accident insurance.
8. To assume responsibility for transportation of the student to and from work.
9. To allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.



***THE EMPLOYER WILL:***

1. Adhere to policies and practices which prohibit discrimination based on race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work task, hours of employment, levels of responsibility and pay.
2. Work with the WBL Coordinator to provide a variety of work experiences for the student that contributes to the attainment of his/her career objective and to assist in development of the training plan.
3. Pay the student a wage (predetermined by the company) that increases progressively unless the student is in a non-paid internship.
4. Offer pay incentives for skill development and increased productivity.
5. Employ the student for the designated hours per week during the academic year.
6. Assist in the overall evaluation of the student, and to serve as primary evaluator for on-the-job skill attainment. This will occur once every grading period.
7. Appoint a technically competent and personally capable employee as a mentor to guide the student in developing high quality, transferable job skills.
8. Cooperate to administer a training plan that list jobs skills and expectations for the student.
9. Provide cross-training experiences.
10. Reinforce the practice of basic business ethics.
11. Provide time for consultation with the WBL Coordinator concerning the student to discuss performance and any difficulties that may arise.
12. Assist in providing instructional materials and occupational guidance for the student.
13. Notify the WBL Coordinator if termination of the student is considered for any reason or any disciplinary action is considered. Inform the WBL Coordinator before any disciplinary action is taken regarding the employment of the student.
14. Adhere to all federal and state regulations including child labor laws and minimum wage regulations.
15. Adhere to income tax and Social Security withholding regulations.
16. Provide a "Safety Orientation" in addition to a safe and appropriate work environment for the student. To adhere to hazardous jobs regulations and criteria and not place a student in a hazardous working environment.
17. Students under the age of 18 should not perform hazardous work except in rare situations as outlined in the Student-Learner Exemptions under the Hazardous Occupations Orders for students under the age of 18 years old.

**THE WBL COORDINATOR WILL:**

1. Serve as liaison between the student, parent, and employer.
2. Maintain records pertinent to the student, employer, and school.
3. Render assistance with educational and training problems of the student.
4. Assist the Work-Based training supervisor in an evaluation of the student's performance a minimum of once per grading period and conduct supervisory visits to the student's place of employment.
5. Assist in academic and occupational instruction of student.
6. Conduct exit interview/survey to develop plan of transition into post-secondary.

***I certify that I have read and understand this agreement. Student: I also understand that failure to comply with my part of this agreement could result in immediate dismissal from the Work-Based Learning Program and a failing grade for the semester or the year.***

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WBL Coordinator Signature

\_\_\_\_\_  
Date

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**In the operation of the Cobb County School District, it is the policy of the Board of Education that no person shall, on the grounds of race, color, national origin, handicap, disability, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in educational programs, activities, or employment practices.**

**Form is double sided, please turn over to complete.**

## Safety Training Agreement

\_\_\_\_\_, a student in the Work-Based Learning program at Pebblebrook High School and an employee at \_\_\_\_\_  
\_\_\_\_\_ has completed the necessary safety training and is aware of proper procedures for safety requirements. In case of an emergency, the student has been given instructions on what to do and understands that failure to comply with these safety procedures may result in injury to him/her and/or to others. The student agrees to follow all the safety rules and regulations of the current employer.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Confidentiality Agreement

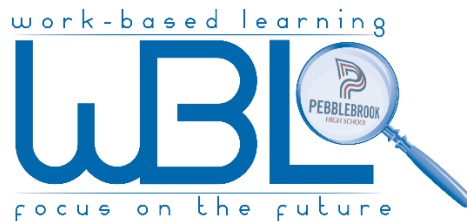
As a condition of employment/Work-Based Learning with \_\_\_\_\_, I, \_\_\_\_\_, agree to abide by all the rules, regulations and procedures relative to the confidentiality of the information that I will come in contact with in conjunction with the program.

I understand that as a condition of my employment, I will always demonstrate professionalism in dealing with sensitive information, and that I will not knowingly distribute confidential, personal, or sensitive information derived from conversations, files, and computer information to anyone. Failure to comply with these terms may cause termination from the worksite resulting in a failing grade in the program, immediate termination from the program, and no continuation of program activities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Parent/Guardian Consent Form

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

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

Cell Phone # \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Emergency Contact Name/Phone #(s) \_\_\_\_\_

**Enrollment Consent:** I consent to the enrollment of the above student in the Work-Based Learning Program.

**Transportation Consent:** Cobb County School System Transportation is not available for transporting co-operative education students to work. I give my child permission to drive to the work site. I expressly release the cooperative site, Pebblebrook High School, and any agents of the employer or the school system, from any liability that may result from the student's use of his/her transportation.

**Photo/Media Releases:** Permission is granted to photograph my student for promotional and educational purposes.

**Student Record Release:** I authorize Cobb County Schools to release my student's academic achievement and attendance records to potential employers, and I agree Cobb County Schools and its agents will be absolved of any responsibility in connection with such release. This authorization can be canceled at any time by written notice to Dr. Dana Giles, Principal of Pebblebrook High School.

**Health/Medical:**

**Treatment Consent:** I hereby authorize the school or the worksite employer to secure emergency medical treatment for the student. I will assume financial responsibility.

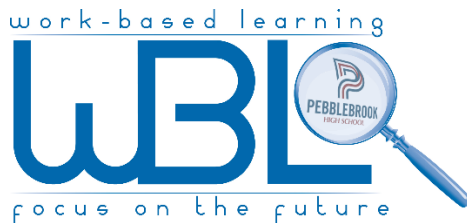
**Screening for illegal substances use:** Some employers require prospective employees to participate in drug screening procedures. In such cases, this procedure becomes a condition of participation in the class and employment.

**School Policies and Procedures:** I understand that my child is subject to all policies and procedures of the Cobb County School System and Pebblebrook High School while leaving campus, while in route to work, at work, or returning to school from work and is subject to discipline thereby.

**Signature indicates consent to all above items.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Form is double sided, please turn over to complete.**

## COUNSELOR RECOMMENDATION FORM (CONFIDENTIAL)

Counselor: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Student's Career Focus: \_\_\_\_\_ Grade Level: \_\_\_\_\_

NOTE TO COUNSELOR: Please return paper copy in a sealed envelope to WBL coordinator OR via email. Janice.Cooper-King@cobbk12.org

The following checklist is provided for those who know the student well enough to give an accurate assessment. We hope that it will provide a convenient method to describe the candidate in summary fashion.

Work Ethic to be Rated	Below Average	Average	Above Average	Excellent (top-10%)	No Basis for Judgement
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Academic Ranking					
Problem Solving					
Effort					

**Behavior/Discipline:**

Excellent: \_\_\_\_\_ Good: \_\_\_\_\_ Poor: \_\_\_\_\_ Unacceptable: \_\_\_\_\_

This student is on track for graduation and has met requirements appropriate to grade level and/or career focus noted above:

YES \_\_\_\_\_ NO \_\_\_\_\_ GPA: \_\_\_\_\_ Please initial: \_\_\_\_\_

If failing or in jeopardy of failing any classes, please note: \_\_\_\_\_

If you wish to give reasons for any of your ratings, please do so here. An explanation for the significance of ratings is always helpful.

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Please feel free to make other comments that will indicate your estimation of this student's qualifications for this program.

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**Form is double sided, please turn over to complete.**



**Please check one:**

\_\_\_ I recommend the above student for the Work-Based Learning/Youth Apprenticeship Program.

\_\_\_ I do NOT recommend the above student for the Work-Based Learning/Youth Apprenticeship Program.

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(Counselor Signature)

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(Printed Name)

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(Date)



# TEACHER RECOMMENDATION FORM

(CONFIDENTIAL)

Student's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Career Focus: \_\_\_\_\_ Grade \_\_\_\_\_ Class: \_\_\_\_\_

NOTE TO TEACHER: Please return paper copy to WBL Coordinator in a sealed envelope OR email the electronic version, **Janice.Cooper-King@cobbk12.org**

The following checklist is provided for those who know the student well enough to give an accurate assessment. We hope that it will provide a convenient method to describe the candidate in summary.

Work Ethic to be Rated	Below Average	Average	Above Average	Excellent (top-10%)	No Basis for Judgement
---------------------------	------------------	---------	------------------	------------------------	---------------------------

(Please Check the Appropriate Space for Each Item)

Responsibility					
Attitude					
Problem Solving					
Effort					
Interpersonal Skills					
Attendance					
Team Worker					
Decision Making					
Personal Values/Ethics					

If you wish to give reasons for any of your ratings, please do so here. Any explanation for the significance of ratings is helpful.

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Please feel free to make other comments that will indicate your estimation of this student's qualifications for this program.

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**Form is double sided, please turn over to complete.**

**Please check one:**

\_\_\_ I recommend the above student for the WBL/Youth Apprenticeship Program.

\_\_\_ I do NOT recommend the above student for the WBL/Youth Apprenticeship Program.

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(Teacher Signature)

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(Printed Name)

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(Date)

