2016-2017
NON-COOPERATIVE EDUCATION STUDENT JOB PLACEMENT FORM*

1. School Section:

Name of School Coordinating Program: _____

School Address: _____ Phone: _____

Total # of Education related hours worked weekly: _____ Total number of hours employed weekly: ____

Job Title: _____

2. Student Section:

Name of Student Learner: _____ (Last) _____ (First) _____ (Middle)

Social Security Number: ___ - ___ - _____ Date of Birth: ____ - ____ - ____ (month - day - year)

Grade Level: _____ Male: ___ Female: ___ Is the student 18 years of age: Yes: ___ No: ____

Home Phone: _____ Career Objective: _____

_____ (Student's Signature) _____ (Date) _____ (Parent or Guardian's Signature) _____ (Date)

3. Employer Section:

Name of Establishment: _____

Type of Business: _____ Business Phone: _____

Address of Establishment: _____ (Street) (Town) (St) (Zip)

Mailing Address: _____ (Street) (Town) (St) (Zip)

Date of student Employment: (Beginning): _____ (Ending): _____

Hourly Rate of Pay: _____

As the Employer, I am in compliance with:

Provisions of Child Labor Laws.	Yes: ___	No: ____
Provisions of the State of Maine Minimum Wage Law.	Yes: ___	No: ____
Provisions of the Fair Labor Standards Act.	Yes: ___	No: ____
Provisions of the Worker's Compensation Act.	Yes: ___	No: ____
Provisions of the Equal Employment Opportunties Act. (EEOC)	Yes: ___	No: ____
Provisions of the Occupational Safety and Health Act (OSH Act)	Yes: ___	No: ____

On-the-Job Supervisor of the Employing Organization:

_____ (Printed Name) _____ (Signature)

Official Title: _____ Date: _____

4. Signature Section: I acknowledge that the information on this work agreement is accurate and that this job is considered to be a component of the student's education. Attached is a description of the job, its objectives, and any equipment to be used by the student:

_____ (Teacher's Signature) _____ (Date) _____ (School Administrator's Signature) _____ (Date)

This Student Job Placement has been reviewed by the Bureau of Labor Standards for compliance with Maine Labor Laws.

_____ (Bureau of Labor Standards Representative Signature) _____ (Date)

Rachel Bowler Telephone: (207) 623-7930

*** NOTE: This job assignment is NOT conducted under a recognized secondary Career & Technical Education program.**