Employer Information | Cooperative Education Program

DIMAN REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL
251 Stonehaven Road | Fall River, MA 02723
P. 508-678-2891 ext. 1300 | F. 508-679-6423
E. jmarciszyn@dimanregional.org

COOPERATIVE EDUCATION AGREEMENT

Company Name: _____

Address: _____ City: _____ State: _____

The employer is a key component of the Cooperative Education Program. The education opportunities that employers afford our students speak volumes to their commitment to youth, education and community.

Following are guidelines for all employers participating in the Cooperative Education Program at Diman Regional Vocational Technical High School:

- Provide experienced supervision
- Comply with Massachusetts Legislative Act Further Protecting Children *(providing Diman Regional Vocational Technical High School with a completed CORI form - Background Check on any employee who will be one-on-one with our students, along with a copy of the driver's license for each person).*
- Ensures work environment meets health and safety standards that maximize employee protection in compliance with OSHA regulations
- Enforce work site safety per OSHA regulations
- Provide orientation, including safety and emergency practices
- Complete and return a Student Performance Evaluation per trimester *(evaluation provided by the school)*
- Ensure Workers Compensation coverage for the Co-Op Student
- Provide a minimum of 30 hours of meaningful employment per one (1) seven (7) day co-op cycle
- Provide the opportunity for the student to develop technical and employability skills not acquirable in a school-based setting, but acquirable in a work-based setting
- Comply with child labor laws as they pertain to vocational students
- Notify student and Cooperative Education Coordinator of any serious problem or issue
- Notify school/Cooperative Education Coordinator if student is injured
- Abide by Equal Opportunity laws/regulations/guidelines
- May not employ student during school hours on their academic cycle
- Follow all State and Federal labor and wage laws and regulations
- Notify the student and Cooperative Education Coordinator, in writing, if this agreement needs to be terminated
- Must be an equal opportunity employer who does not discriminate against any applicant because of race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, or any other legally protected group and that all working conditions related to hours, wages and benefits are free from discriminatory practices.
- Have all applicable taxes deducted from their wages and not be hired as independent contractors (1099) Form

IMPORTANT NOTICE: Several trades for which cooperative education are applicable having been declared "Hazardous Occupations" for persons less than 18 years of age and are regulated by Federal and/or State Statute *(whichever is the most stringent standard).* In all such trades, the work of the student learner shall be incidental to his or her training, shall be intermittent and for short periods of time, shall be under the direct and close supervision of a qualified and experienced person, and shall include safety instructions by the employer as part of the training.

I certify, I have read and accept the agreements outlined above. I also certify that the information provided is true and complete to the best of my knowledge.

_____	_____	_____
Print Name of Employer	***Signature of Employer***	***Date***

COOPERATIVE EMPLOYER

Name of Employer: _____

Address of Employer: _____
(Number) *(Street)*

Mailing Address *(if different than above)*: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Nature of Employer's Business: _____

Contact Person: _____ Title: _____

Name of the Student's Supervisor: _____ Title: _____

Start Date: _____ Starting Wage: $_____ **per hour**

WORKERS COMPENSATION INSURANCE

Workers Compensation Policy Number: _____

Expiration Date: _____

Please have your insurance agent:

- *Send (fax, email or mail) us your Certificate of Liability containing the Workers Compensation Number along with the expiration date.*
- *List Diman Regional Vocational Technical High School | 251 Stonehaven Road | Fall River, MA 02723 as a Certificate Holder.*

SKILLS DEVELOPMENT

Please list the skills the student learner will have the opportunity to acquire and strengthen while working for your company.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

HOURS & DAYS WORKING

Start Time: _____ End Time: _____

Days Working: *(Check all days that apply)* ❒ Mon. ❒ Tues. ❒ Wed. ❒ Thurs. ❒ Fri. ❒ Sat. ❒ Sun.

Comments: _____

STATEMENT OF ASSURANCE OF NON-DISCRIMINATION

_____ affirms
(Company Name)

that it does not discriminate on the basis of race, religion, sexual orientation, color, national or ethnic origin, sex, disability, veterans status or age in regards to working conditions related to hours, wages and benefits.

_____ _____
(Employer Signature) *Mo/Day/Yr*