

FORM 3

Executive Internship Contract

Student Name: _____

Job Title: _____

Name of Company/School: _____

Address: _____

Phone: _____ Contact Person: _____

I intend to supervise, _____ in the position of _____ for _____ days per week, _____ hours per day.

EMPLOYER RESPONSIBILITIES: The employer agrees to place the trainee in the work specified above for the purpose of providing occupational experience of instructional value. The work will be performed under safe and hazard-free conditions. The trainee will receive the same consideration given other employees with regard to safety, health, social security, general work conditions and other policies and procedures of the firm. The employer will adhere to all State and Federal Regulations regarding employment, Child Labor Laws, and minimum wage, and will not discriminate in employment policies, educational programs or activities for reasons of race, sex, color, religion, national origin, marital status, age or handicap.

PARENT/GUARDIAN RESPONSIBILITIES: The parent or guardian agrees that the trainee may participate in Executive Internship training as provided by Allen D. Nease High School.

STUDENT RESPONSIBILITIES: The trainee agrees to follow rules and guidelines established by the school, employer and coordinator regarding hours of work, school attendance and procedures. When absent from school without a valid excuse, the student should not be permitted to work. The student also agrees to scan out DAILY and submit sign out sheets along with copies of paystubs or timesheets monthly. Failure to do so WILL RESULT IN REMOVAL FROM THE PROGRAM.

Employer

Parent/Guardian

Student