

Byron Center High School School to Careers (Work-Based Learning Experience)

2026-2027 TRAINING AGREEMENT

Student Information (to be filled out by student):

Name _____ Home Phone _____ Cell _____
Address _____ City _____ Zip _____
E-mail _____ Date of Birth _____ Age _____ Grade _____
Emergency contact _____ Relationship _____ Phone _____
2nd Emergency contact _____ Relationship _____ Phone _____

Employer Information (to be filled out by employer):

Name of Business _____ Supervisor _____ Title _____
Phone _____ Fax _____ E-mail _____
Address _____ City _____ Zip _____
Worker's Disability Carrier _____ Policy # _____
Liability Insurance Carrier _____ Policy # _____

Employment Information (to be filled out by employer):

Job Title _____ Starting Wage _____ Working Hours _____
Date Job Begins _____, **20** _____ Date Job Ends **May 19, 2027** Average Hrs. /Day _____ Max. Hrs./Wk. _____
General Job Duties _____

Terms of the Agreement (filled out by STC coordinator):

The employment of the student will conform to all federal, state, and local laws and regulations, including those that prohibit discrimination against any applicant or employee because of race, color, religion, age, national origin, sex, height, weight, marital status, ancestry, or handicap. The employer agrees to employ the student for the purposes of giving training and experience in the following occupational area according to the **Training Plan**: _____. Related instruction will be provided by the school. The student will work a minimum of 10 hours per week and be eligible for 1 credit(s).

Further, the **employer** agrees to:

- Provide a work schedule of sufficient length to develop competencies for the occupation.
- Give necessary safety instructions before student attempts any job task.
- Comply with all state/federal laws.
- Provide direct supervision and extra training whenever possible.
- Complete an **Employee Evaluation** based on work skills and work habits for each marking period, and **sign bi-weekly time sheets**.
- **Not terminate the student** before consultation with the school coordinator.

- Follow policies and procedures of the employer and school.
 - Provide own transportation.
 - Communicate work/school schedule to employer and school.
 - Complete assignments of the employer and school coordinator/s.
 - **Not quit the program** without the approval of the school coordinator.
 - Participate in safety training in school **and** at the workplace (if offered). Date(s) of training: _____
- Further, the **school** agrees to:
- Provide safety training.
 - Meet with employer before placement begins and a minimum of one time each nine weeks.

Further, the **student** agrees to:

See next pages for "Training Plan" (job tasks to be learned by the student) and Educational Development Plan (EDP).

Approvals: We, the undersigned, agree to the conditions set forth in this *Training Agreement*:

_____ Employer	_____ Date	_____ Student	_____ Date
_____ BCHS School Coordinator	_____ Date	_____ Parent/Guardian	_____ Date
_____ BCHS Principal	_____ Date	_____ Student's Guidance Counselor	_____ Date