



JACKSON AREA CAREER CENTER JACKSON, MI 49201
 PHONE – (517) 768-5100 FAX – (517) 787-2844

VOCATIONAL COOPERATIVE EDUCATION TRAINING PROGRAM

EMPLOYER: «EMPLOYER» **STUDENT NAME:** «STUDENT»
STREET: «EMPSTREET» **STREET:** «STSTREET»
P.O. BOX: «EMPPO» **CITY:** «STCITY» **MI** **ZIP:** «STZIP»
CITY: «EMCITY» **MI** **ZIP:** «EMPZIP» **PHONE:** «STPHONE»
PHONE: «EMPPHONE» **SCHOOL:** «STSCH»
FED. HAZARD OCCUP. DEVIATION: «FEDHAZYESNO» **GRADE:** «STGRADE» **SHIFT:** «STSHIFT»
FED HAZ DEVIATION #: «FEDHAZ» **AGE:** «STUAGE» **BIRTHDATE:** «STU_BIRTH»
SUPERVISOR: «SUPERVISOR» **RATE OF PAY:** «STPAY»
EMPLOYMENT BEGINS: «DATEBEGIN» **DAILY TIME SCHEDULE:**
EMPLOYMENT ENDS: «DATEEND» **MAX HOURS WORKED:** 24 when school in session
WORKER'S COMPENSATION COVERAGE: «WORKCOMPYESNO» **CAREER OBJECTIVE:** «CAREOBJ»
UNDERWRITER: «WCUNDERWRITER» **OCCUPATIONAL TITLE:** «CAREOCC»
LIABILITY INSURANCE: «LIABILITYYESNO»
UNDERWRITER: «LIUNDERWRITER»

JOB TASKS AND ACTIVITIES	RELATED VOCATIONAL INSTRUCTION
<p>The student will receive training from the employer (on the job) for the following work related tasks and activities:</p> <p>«TASKS»</p> <p>INCIDENTAL RELATED DUTIES SAFETY TRAINING WILL BE GIVEN BY EMPLOYER</p>	<p>The student will complete the following preparation in school</p> <p>CLASS NAME: «CLASSNAME»</p> <p>STUDENT <u>MUST</u> RETURN TO JACC CLASS A MINIMUM OF ONE DAY PER WEEK, DURING THE SCHOOL YEAR</p> <p>SAFETY TRAINING WAS GIVEN IN JACC CLASS</p>

EMPLOYER'S RESPONSIBILITY IN PROGRAM:	TRAINEE'S RESPONSIBILITY IN PROGRAM:
<ol style="list-style-type: none"> The student's training period shall be an average of 15 hours per week. The training plan will include job tasks and activities which are of vocational and education value. The employer shall complete a brief report (provided by the Instructor/Coordinator) each marking period indicating the Trainee's progress on the job This training program will not be interrupted by either the Trainee or the Employer without consultation with the Instructor/Coordinator. The employment of trainees will conform to all federal, state and local laws and regulations. No trainee shall be exposed to a hazardous occupational environment until appropriate, documented safety training has taken place with the employer. An email from the employer stating completion of the training would suffice for documentation. 	<ol style="list-style-type: none"> Trainee will abide by the regulations and policies of the employer and the school. Each trainee shall faithfully perform the assignments of the job and school program No trainee will proceed in the training program without first receiving the consent of the Instructor/Coordinator. Each trainee and employer will abide by the attached TRAINEE ADDENDUM FOR WORKING ENVIRONMENT. The instructor will contact the employer when the trainee has fully demonstrated safety knowledge of specific machinery. Trainee may not work on machinery without receiving necessary safety training.

 Approved Trainee

 Date

 Instructor/Coordinator

 Date

 Parent/Guardian
 (Rev. 9/14)

 Date

 Employer

 Date

Trainee Addendum for Working Environment

The following list of tasks are what the trainee **can start doing immediately** without any safety training in place:

1. Learn office operations/procedures.
2. Learn shipping/receiving operations/procedures
3. Learn how to create quotes for customers.
4. Partake in an orientation where the trainee learns the many operations on the production floor.
5. Learn how to read blueprints and quality control.

The following list of tasks are what the trainee **must have completed before working around machines**:

1. OSHA/Career Safe training, which can be done with the employer via internet.
2. AWS (*welding students only*) training, which can be done with the employer via internet.
3. Machine specific safety training done with JACC instructor. The instructor will notify the employer once this training has been completed. Please list all the different machines used by the employer that the trainee could be operating while employed below:

	Instructor Initial/Date
a. Equipment: _____	_____
b. Equipment: _____	_____
c. Equipment: _____	_____
d. Equipment: _____	_____
e. Equipment: _____	_____
f. Equipment: _____	_____
g. Equipment: _____	_____
h. Equipment: _____	_____
i. Equipment: _____	_____
j. Equipment: _____	_____
k. Equipment: _____	_____
l. Equipment: _____	_____