

**Work-Based
Learning/Cooperative
Education/Supervised Work
Experience Program
Hinds Community College
APPLICATION**

Please Print

Last Name:	First Name:	M.I.
Student ID Number:	E-mail address:	
Address:	City:	State: Zip: Phone:
Commuter? <i>Y N</i> Dorm:	Date of Birth:	Sex: <i>M F</i>
U.S. Citizen? <i>Y N</i>		
Veteran? <i>Y N</i> If Yes, type of discharge:	Period of Service:	
High School attended:	Diploma? <i>Y N</i> Date:	HSE? <i>Y N</i> Date:
HCC Campus:	Major:	GPA: Your Current Semester: <i>1 2 3 4</i>

Employment History

[List most recent first.]

Business	Location	Dates	Duties	Reason for Leaving
1.				
2.				
3.				

References

[An adult; NOT a relative; should have known you at least 3 years]

Name	Address	Occupation	Telephone
1.			
2.			
3.			

REQUIREMENTS FOR ENROLLMENT IN WORK-BASED LEARNING/COOPERATIVE EDUCATION/SUPERVISED WORK EXPERIENCE PROGRAM

1. Employment in the same field as your major.
2. Approval from your major instructor.
3. Submit completed Application Packet with all required signatures, to the office of WBL_COE_SWE ***no later than the second week*** of classes the semester you wish to enroll.
4. Students must inform the office of WBL_COE_SWE of any changes in employment during the semester.
5. Failure to adhere to these guidelines may result in the student failing the class.

I understand the guidelines of the Work-Based Learning/Cooperative Education/Supervised Work Experience Program and, if accepted, agree to follow such.

Signature _____ Date _____

***IF YOU ARE CURRENTLY EMPLOYED IN YOUR FIELD -
AND WOULD LIKE TO GET CREDIT IN WORK-BASED
LEARNING/COOPERATIVE EDUCATION/SUPERVISED WORK
EXPERIENCE,
FILL OUT THE FORM BELOW:***

Name _____
(Last name) (First Name) (Middle)

Major: _____ Campus: _____

BUSINESS INFORMATION:

Company Name: _____

Total number of employees: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Fax: _____

Supervisor: _____

E-mail: _____

Beginning date: _____

Beginning salary: _____

Average hours per week: _____

Important: *In the space below, describe what you do at work.*

Program Guidelines
Work-Based Learning/Cooperative Education
Supervised Work Experience
Hinds Community College

The *Work-Based Learning/Cooperative Education/Supervised Work Experience Program* is a career-technical or academic program of Hinds Community College whose purpose is to allow approved students the opportunity to work part-time while in school. These positions must be in a field parallel to their major. The students receive competitive wages as well as school credit.

Responsibilities of the Participants

The Student Trainee agrees to:

- ◆ Meet the academic and attendance requirements of the program;
- ◆ Provide his/her own transportation and insurance to and from the work site;
- ◆ Observe company rules and other requirements identified by the employer;
- ◆ Participate in progress reviews scheduled with the supervisor/mentor and the Work-Based Learning/Cooperative Education/Supervised Work Experience Coordinator.

The College agrees to:

- ◆ Support the student trainee in meeting the requirements of the program;
- ◆ Participate in progress reviews scheduled with the supervisor/mentor and the student trainee;
- ◆ Provide necessary academic and technical instruction;
- ◆ Monitor the progress of the student trainee to ensure that completion requirements are met;
- ◆ Design a flexible schedule to allow the trainee time to work;
- ◆ Maintain all records and grant college credit for time worked.

The Business agrees to:

- ◆ Provide a work-site (on-the-job) learning experience for the student;
- ◆ Assist the student whenever possible in meeting the skill standards of his/her occupational program;
- ◆ Authorize the supervisor/mentor to participate in student trainee progress reviews;
- ◆ Provide a workplace for the student in conformity with all health and safety standards of federal and state law.

Notice of Non-discrimination Statement

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies: **EEOC Compliance:** Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: EEOC@hindsc.edu. **Title IX:** Randall Harris, Vice President for Advancement and Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3889 or Email: Titleix@hindsc.edu.

Disability Support Services Statement

Hinds Community College provides reasonable and appropriate accommodations for students with disabilities. Disability Services staff members verify eligibility for accommodations and work with eligible students who have self-identified and provided current documentation. Students with disabilities should schedule an appointment with the designated Disability Services staff member on their respective campus to establish a plan for reasonable, appropriate classroom accommodations.

Jackson Campus – Academic/Technical Center 601.987.8158
Jackson Campus – Nursing/Allied Health Center 601.376.4803
Rankin Campus 601.936.5544
District Coordinator 601.857.3359

Raymond Campus and fully online 601.857.3646
Utica Campus academic 601.885.7022
Utica Campus career-technical 601.885.7128
Vicksburg-Warren Campus 601.629.6807

Individuals with a hearing impairment may call 601.526.4918 (video phone)
Email SMO-disabilitysupportservices@hindsc.edu

For Additional Information:

Robert Allen
Coordinator of WBL, COE and SWE
Jackson, Rankin, & Raymond Campus
Phone: 601.857.3728
E-Mail: robert.allen@hindsc.edu

Kimberly Spates
Coordinator of WBL, COE and SWE
Vicksburg and Utica Campus
Phone: 601.629.6887
E-Mail: kimberly.moore4@hindsc.edu

AGREEMENT FORM

Student: _____ **Program Area:** _____

Business: _____ **Beginning Date:** _____ **Ending Date:** _____

Beginning Salary: _____ **Average hours per week:** _____

Student's courses – past & present – directly related to required job skills	Business's list of expectations and required skills of this student
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Supervisor or other individual who will fill out student's evaluation:

Name: _____ **Position:** _____ **Telephone:** _____
Fax: _____ **E-mail address:** _____

By their signatures below, the participants agree to the guidelines as stated for the Hinds Community College Work-Based Learning/Cooperative Education/Supervised Work Experience Program.

Signatures

Student:		
_____	_____	_____
Printed Name	Signature	Date

Major Instructor:			
_____	_____	_____	_____
Printed Name	Telephone	Signature	Date
WBL/COE/SWE Coordinator:			
_____	_____	_____	_____
Printed Name	Telephone	Signature	Date

Business:		
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Company	Title	Telephone
_____	_____	_____
Street Address	City, State	Zip Code