

**Work-Based Learning Program
Hinds Community College**

APPLICATION

Please Print

Last Name:	First Name:	M.I.	Soc. Sec. No.
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>	Marital Status: <i>S M</i>
U.S. Citizen? <i>Y N</i> Handicapped? <i>Y N</i>	If Yes, specify:		
Veteran? <i>Y N</i> If Yes, type of discharge:	Period of Service:		
High School attended:	Diploma? <i>Y N</i> Date:	GED? <i>Y N</i> Date:	
HCC Campus:	Major:	GPA:	Your Current Semester: <i>1 2 3 4</i>

Employment History

[List most recent first.]

Employer	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 (WBT CLASS):

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

I understand the guidelines of the Work-Based Learning Program and, if accepted, agree to follow such.

Signature _____ Date _____

**IF YOU ARE SEEKING EMPLOYMENT TO QUALIFY FOR THIS PROGRAM & WOULD LIKE ASSISTANCE,
COMPLETE THIS SECTION:**

Do You Have: A regular driver's license? Y N A Commercial driver's license? Y N Reliable transportation? Y N									
Date available to work:		Hours available for work: M:		T:	W:	T:	F:	S:	S:
Skills and Abilities:									
Type of work desired:					Location Preferred:				

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

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

Major: _____ Campus: _____

EMPLOYER 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 Program

Hinds Community College

The *Work-Based Learning Program* is a Career-Technical 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 the field of 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 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 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 *Employer* agrees to:

- ◆ Provide a work-site (on-the-job) learning experience for the student;
- ◆ Pay the student trainee for hours worked according to the prevailing rate for a comparable worker in that industry;
- ◆ Provide worker's compensation for the student trainee as applicable for other employees;
- ◆ 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.

No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any work-based learning program on the basis of race, color, religion, sex, national origin, age, handicap, political affiliation or belief, or sexual orientation.

FOR ADDITIONAL INFORMATION, CONTACT:

JACKSON, NAHC, RANKIN, RAYMOND CAMPUSES:

Ms. Cindy West, WBL Coordinator
Hinds Community College
Career Technical Education Division
PO Box 1100
Raymond, MS 39154-1100
Phone: 601-857-3486 Fax: 601-857-3420
E-mail: CISWest@hindsc.edu



UTICA, VICKSBURG CAMPUSES:

Ms. Jane Flowers, WBL Coordinator
Hinds Community College
755 Highway 27
Vicksburg, MS 39180
Phone: 601-629-6850 Fax: 601-629-6862
E-mail: JLFlowers@hindsc.edu

AGREEMENT FORM

Student _____ Program Area _____

Employer _____ Beginning Date _____ Ending Date _____

Beginning Salary _____ Average hours per week _____

Student's courses – past & present – directly related to required job skills	Employer'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 Program.

Signatures

Student:		
_____	_____	_____
Printed Name	Signature	Date

Major Instructor:			
_____	_____	_____	_____
Printed Name	Telephone	Signature	Date
Work-Based Learning Coordinator:			
_____	_____	_____	_____
Printed Name	Telephone	Signature	Date

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