

Today's Date: _____

2022-2023 Work Study Application
Oakdale High School - Work Based Learning Program

This application is the first step in the approval process for Work-Study. Work-Study students represent Oakdale High School and will help maintain our reputation of excellence within the business community.

Your Work-Study job must be approved by the coordinator. Your coordinator is available to **assist** you in finding a job. However, **it is the student's responsibility to secure employment**. You may need to meet with your coordinator to put together a resume and discuss interview skills. Your employer must meet all the requirements listed below for the job to qualify as your Work-Study job. As a participant in the program you agree to keep your Work-Study job for the entire semester/year.

Directions: Complete this application and submit it to **Mrs. McGrew**, the WBL Coordinator, at amanda.mcgreg@fcps.org or Room B153.

Please print all information:

Name:	Current Grade:
Student's Phone Number:	
Student's Email address (Non-FCPS):	
Are you planning to use work study as your completer for graduation?	
Work-Study Schedule Preference: **Must work a minimum of 7.5 hours a week for each credit (or block) of work study Check all that apply <u>Fall 2022:</u> Block <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <u>Spring 2023:</u> Block <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
What job would you like to use for your work study experience?	
Are you currently employed with this business? _____ If so, please complete the following:	
Name of Business:	Location:
Supervisor Email:	Supervisor Phone:

For each of the following statements, mark yes if you understand or no if you do not.

I understand that the business that employees me will:

be established and licensed,	<input type="checkbox"/> yes <input type="checkbox"/> no
issue me paychecks with F.I.C.A. deducted from my earnings,	<input type="checkbox"/> yes <input type="checkbox"/> no
operate within all employment laws,	<input type="checkbox"/> yes <input type="checkbox"/> no
require me to have a work permit,	<input type="checkbox"/> yes <input type="checkbox"/> no
have worker's compensation insurance,	<input type="checkbox"/> yes <input type="checkbox"/> no
schedule me for at least the minimum number of hours required	<input type="checkbox"/> yes <input type="checkbox"/> no
agree to schedule me during the early afternoons or mornings	<input type="checkbox"/> yes <input type="checkbox"/> no
may also schedule me for some evenings and weekends, and	<input type="checkbox"/> yes <input type="checkbox"/> no
not allow me to work on any day I am absent/suspended from school (including lates to school and leaving early).	<input type="checkbox"/> yes <input type="checkbox"/> no

I understand I will be scheduled as a Work-Study student if I have met all the following requirements:

completed a Work Study Application,	<input type="checkbox"/> yes <input type="checkbox"/> no
have a job by the deadline,	<input type="checkbox"/> yes <input type="checkbox"/> no
have my driver's license or have it by _____ (provide date),	<input type="checkbox"/> yes <input type="checkbox"/> no
have my own transportation	<input type="checkbox"/> yes <input type="checkbox"/> no
have a Work-Study agreement signed by me, my parent/guardian, and employer returned to the coordinator by the deadline.	<input type="checkbox"/> yes <input type="checkbox"/> no

I understand I must take and pass CRD 2 as part of the program yes no

I understand I must take and pass CRD 1 and CRD 2 to use Work-Study as a completer. yes no

By signing below, I indicate that I understand and agree to ALL the expectations listed above. Each student will be scheduled to interview with Mrs. McGrew in May/June. Following the interview, notification for approval will be distributed prior to the end of the school year.

Student Signature: _____ **Date:** _____

Parent/Guardian Name(s): _____

Parent Signature: _____ **Date:** _____

Please return application within 2-3 days of reception