

Dinwiddie County 2018 Summer Work-Based Learning Program Process Summary

Program Overview

- Dinwiddie County Economic Development, Dinwiddie County Public Schools, and businesses throughout the community are engaging in partnerships that offer students the opportunity to gain hands-on experience.
- Participants will work with a hosting organization for **up to 8 weeks** at the discretion of Dinwiddie County and the host organization.
- Participants will receive minimum wage of \$7.25 per hour **up to 16 hours** per week.
- Participants must be ages 14-18 years old (**and must be actively enrolled in grades 8-12**).
- Program completion is contingent upon submission of an essay at the conclusion of the work experience; failure to complete the essay will result in ineligibility for future program participation.

Selection Process

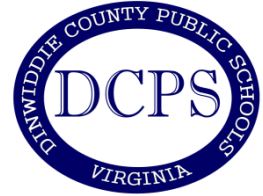
- Students interested in participating in the program must complete the Summer Work Based Learning Application.
- Applications **must be submitted electronically** to hr@dinwiddieva.us no later than May 18, 2018 to receive consideration.
- Applications must be completed in **full** (including experience, references, signature, etc.) in order to receive interview consideration; experience is not limited to work experiences; personal and family responsibilities may be included. Please note that any vacant sections should include a notation of "N/A" (not applicable). Applications are intended to be completed by the student with limited assistance.
- Selected applicants will be contacted and scheduled for interviews (Applicants should dress appropriately for the interview process). **Please Note: A representative from your host organization of interest may choose to be a part of the selection process.**
- Applicants will receive notification of their selection or non-selection no later than the conclusion of the school year; selected applicants will be made aware of their Work Based Learning assignment at this time.

Orientation

- Program participants (selected applicants) are **required** to participate in a three day training and orientation session that will take place prior to work assignments beginning; all participants must be accompanied by a parent or guardian on the last day of orientation.
- Participants must come prepared to complete employment forms (packets will be provided in advance to allow for proper preparation).
- Participants will receive an overview of the procedures and expectations of the program.
- Successfully selected participants will be required to provide proof of identity and age.

Work Hours

- Program participants are expected to work 16 hours per week for **either a 4 week** (beginning July 9th and ending August 3rd) **or 8 week assignment** (beginning July 9th and ending August 31st). Alternate dates may be implemented at the host organization's request. ****Dates may be subject to change and please note assignment duration is determined by the host.**
- Host organizations will determine and communicate the hours and weekdays the participant will work based on their schedules; there is no guarantee that participants will be placed with a hosting organization who operates during his/her preferred hours.
- Participants will track their hours worked on a provided timesheet; the host organization will be responsible for certifying the hours worked and returning the **weekly** timesheets to Cierra Gravely at dinwiddieworks@dinwiddieva.us no later than COB the following **Monday**. It is the responsibility of the participant to ensure it is received.



- Participants scheduled to work 8 hours or more on any given day are required to take a 30 minute unpaid break.

Payment

- Program participants are expected to have logged the required hours outlined above in order to receive payment.
- Participants will receive payment for hours verified by their hosting agency, paid by Dinwiddie County on a monthly basis. Payroll is processed on the last working day of each month.

Host Organization

- Program participants are employees of Dinwiddie County reporting to various worksites and are covered under the County’s Liability Insurance policy. Hosting Organizations are however, expected to comply with all relevant workplace health and safety requirements enforced by OSHA.
- If your student will be required to drive a company vehicle as a part of their job, host organizations are required to insure the student under their company policy.
- In the event of inclement weather, participants are to follow the policies and procedures of their host organization.
- A representative from Dinwiddie County Public Schools or the Dinwiddie County Community Development Office will conduct site visits at host sites to ensure the participant’s involvement and program effectiveness. Any issues should be documented and forwarded to the Program Coordinator.

****I acknowledge the terms of the Summer Work-Based Learning Program as set in the above terms and agree to participate.**

Student Signature

Student Name (Please Print)

Parent Signature (if student is under 18)

Parent Name (Please Print)

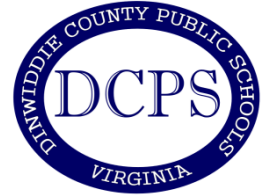
Host Organization- Authorized Signature

Host Organization- Authorized Contact (Please Print)

Host Work Site (Please Print)

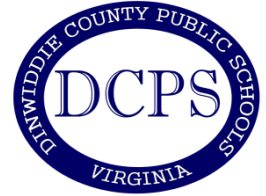
Media Release: Dinwiddie County periodically uses electronic and traditional media (photographs and video) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the County and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me. If you do not wish to have your photographs/video released, please check here

For additional program information or questions please contact Cierra Gravely, Marketing and Youth Workforce Development Coordinator at 804.469.4500 ext. 2154 or at cgravely@dinwiddieva.us



Dinwiddie County 2018 Summer Work Based Learning Application

Personal Information:						
Name:						
Street Address:						
City:	State:	Zip:				
E-mail Address:						
Primary Phone Number: ()						
Alternate Phone Number: ()						
Availability:						
Are you legally eligible to work in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you able to arrange your own transportation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Indicate the days and hours that you will routinely be available during July and August <i>(Note: Work hours will be determined by the hosting employer; there is no guarantee that an applicant will be selected to work with an employer who operates during his/her preferred hours):</i>						
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening				
List any dates that your availability will differ from the days and times noted above (ex: planned vacations, involvement with extra-curricular activities, etc.):						
Education:						
Current School:						
Indicate your current grade level: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12						
List any specialized coursework you have completed (ex: Career and Technical Education Courses):						
List any awards, honors and recognitions received (ex: Perfect Attendance, Honor Roll, etc.):						



Work/Volunteer/Family/Personal Experiences (Use additional pages if needed):

Include work and volunteer experiences and personal and family responsibilities.

Most Recent Employer:

Job Title:

Supervisor:

Hire Date:

Separation Date:

Street Address:

City:

State:

Zip:

Job Duties:

Reason for leaving:

Previous Employer:

Job Title:

Supervisor:

Hire Date:

Separation Date:

Street Address:

City:

State:

Zip:

Job Duties:

Reason for leaving:

Previous Employer:

Job Title:

Supervisor:

Hire Date:

Separation Date:

Street Address:

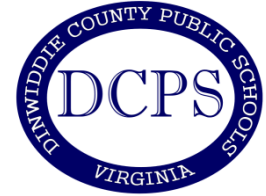
City:

State:

Zip:

Job Duties:

Reason for leaving:



Additional Information:

Provide any additional information that will be helpful in evaluating your application (ex: involvement in extra-curricular activities, clubs, or organizations):

Areas of Interest:

Select each of the following host organizations in which you have an interest is working:

- | | |
|--|--|
| <input type="checkbox"/> Appomattox Regional Library (Library) | <input type="checkbox"/> Dinwiddie County Public Schools (Education) |
| <input type="checkbox"/> Angels at Play (Childcare) | please specify: <input type="checkbox"/> Midway Elementary |
| <input type="checkbox"/> Best Buy (Retail) | <input type="checkbox"/> Bus Garage <input type="checkbox"/> School Board Office |
| <input type="checkbox"/> Cockade Stables (Equine Care) | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Container First (Operations Clerical) | <input type="checkbox"/> High School |
| <input type="checkbox"/> Crater Vision Center (Optometry) | <input type="checkbox"/> Hale's Electrical Services (Sales) |
| Dinwiddie Airport (Aviation) | <input type="checkbox"/> Jim's Body Shop (Mechanics) |
| <input type="checkbox"/> Dinwiddie County (Government) | <input type="checkbox"/> Nicole Cliborne (Cosmetology) |
| please specify: | <input type="checkbox"/> Ragsdale Building Supply (Retail) |
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Stepping Stone Academy (Childcare) |
| <input type="checkbox"/> Commissioner of the Revenue | <input type="checkbox"/> Tee's Beauty Salon (Cosmetology) |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Virginia Department of Transportation (VDOT) |
| <input type="checkbox"/> Fire & EMS | <input type="checkbox"/> Wayne Cook Electric (Electrical) |
| <input type="checkbox"/> Parks, Recreation, & Tourism | Whiz Bang (Marketing/IT) |

**Additional opportunities may become available prior to the program beginning.*

References: (Non-Relative)

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:



Certification:

I certify that, to the best of my knowledge, all information provided on this application is true and complete. I authorize the verification of any and all information provided. I understand that providing any false information may result in non-selection or separation at any point during the Summer Work Based Learning Program process.

Signature

By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

Date