

WORKFORCE SERVICES

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JOB SHADOW AND INFORMATIONAL INTERVIEW AGREEMENT

DEFINITIONS

Student: High school student engaged in a job shadow or informational interview opportunity.

Business Contact: Business representative coordinating the job shadow or informational interview opportunity.

Supervisor: The supervisor at the entity hosting the work-based learning opportunity.

Career Advisor: DLR staff overseeing the job shadow or informational interview opportunity for the school.

RESPONSIBILITIES

1. The student will report to the job shadow/informational interview on time and dressed appropriately.
2. If the student is unable to show up for the job shadow/informational interview or to report on time, the student will notify the business contact and career advisor before the start of the job shadow/informational interview opportunity. If a student has not arrived within 15 minutes of the scheduled time, the business contact will attempt to contact the student and career advisor.
3. The student will immediately bring any problems or concerns to the supervisor's attention.
4. The student is responsible for transportation to and from the job shadow site/informational interview site.
5. The student will not divulge any privileged or confidential information to anyone including classmates and relatives. If the student breaks this promise, the student will be subject to disciplinary action, including termination of participation in the program and will be responsible for damages arising from any irresponsible actions on the student's part.
6. In accordance to SDCL 62-1-4.1, the student's school district is responsible for worker's compensation insurance for the student as if they were a school employee.
7. In accordance with WIOA Section 188, both DLR staff and the entity hosting the work-based learning opportunity are subject to equal opportunity and nondiscrimination requirements and agree to ensure compliance.

Business Name: _____

Address: _____

Business Contact Name: _____ Contact Phone: (____) _____ - _____

Date: ___/___/____ Time: ___:___ a.m. or p.m. (circle one)

By signing below, I agree to the terms above.

STUDENT EMPLOYEE NAME (____) _____ - _____
STUDENT EMPLOYEE PHONE SCHOOL / INSTITUTION

STUDENT EMPLOYEE SIGNATURE ___/___/____
DATE

GUARDIAN SIGNATURE (If under 18) ___/___/____ (____) _____ - _____
DATE GUARDIAN PHONE

CAREER ADVISOR NAME (____) _____ - _____
CAREER ADVISOR PHONE

CAREER ADVISOR SIGNATURE ___/___/____
DATE