DIXON PUBLIC SCHOOLS #170

"A Place to Grow"

www.dixonschools.org

1335 Franklin Grove Road
Dixon, Illinois 61021

Phone: (815) 284-7722
Fax: (815) 284-8576

2013 Student Employment Application and Contract

(please print)

Student Section

Student Name: _____ Phone #: _____

(Last) *(First)* *(M.I.)*

Address: _____

(Number) *(Street)* *(City)* *(State)* *(Zip Code)*

Fall 2013 Grade Level: _____ Name of Sport (s) I am working for: _____

Do you have any siblings who will be participating in sports? ☐ Yes ☐ No

1 sport = 16 hours / 2 sports = 25 hours / 3 sports = 34 hours / Family Cap of $300.00 = 37.5 hours
DHS students are able to work toward RMS athletic fees for siblings.

Is there a time during the summer when you are not available to work due to sports camps, family vacations,etc? _____

If so, when? _____

Please check the days of the week you are available to work.

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Please check the times you are available to work.

7:30am - 11:00am ☐ 11:30am - 3:30pm ☐ 3:30pm - 7:30pm ☐

Parent Section

Parent Name: _____ Phone #: _____

(Last) *(First)* *(M.I.)*

Address: _____

(Number) *(Street)* *(City)* *(State)* *(Zip Code)*

Please list any medical concerns that could interfere with your child's ability to participate in the SWAP program: (i.e., allergies to chemicals, asthma, bee stings, etc.) _____

Emergency Contact Name: _____ Phone #: _____

Relationship: _____ Alternate Phone #: _____

Family Physician: _____ Phone #: _____

If I am unavailable at the time of an emergency, I give Dixon Public Schools #170 permission to seek emergency treatment for _____ , I also give the above name Physician or KSB Hospital Emergency Room permission to give immediate treatment in my absence.

_____ _____ _____

Date Parent/Guardian Name (please print) Parent/Guardian Signature

CONTRACT WORKS

Students Will:

- Be on the job at all scheduled hours and will perform the duties assigned to them.
- Will work a minimum of 4 hours a day.
- Give Supervisor advanced notice (24 hours) if unable to work.
- Comply with all directives which are related to the job assignment, work performance, and safety guidelines as given by supervisor.
- Develop and maintain positive relationships and positive attitudes in all dealings with supervisors, fellow crew members, and maintenance/school staff.
- Be covered under Dixon Public Schools' Workman's Compensation Medical Coverage.
- NOT be allowed to use call phones during work time. Phone calls or text messages can be returned during scheduled break times only.
- No money will be exchanged. Students will "earn" $8.00 for each hour of work.
- Should a student choose to leave the program or be terminated, the amount "earned"will be calculated and noted as a credit on the student's account.
- Should the student decide to not participate in a sport activity or quit the sport/activity all "earned" fees are forfeited.

This Portion to Be Completed by Student and Parent:

I will comply with the terms of employment above and realize that failure to meet these terms may result in termination from SWAP. I further understand that I will be placed on an "inactive list" if I fail to show up for any assigned shift or if I refuse to work assigned shifts.

I also give permission for Dixon Public Schools to use my name and photograph associated with any publication and/or media release pertaining to the SWAP program.

_____	_____	_____
Date	Student's Name (please print)	Student's Signature
_____	_____	_____
Date	Parent/Guardian Name (please print)	Parent/Guardian Signature

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This portion to be completed by Dixon Public Schools

Date Received: _____ Hours needed: _____