

# San Diego Community College District

## Work Experience

### Application

Campus:	City	Mesa	Miramar
Semester:	Fall	Spring	Summer
Year:			

For the satisfactory completion of all types of Work Experience Education, students may earn up to a total of 16 semester credit hours. Title 5, Section 55253.

COURSE INFORMATION												
Course:	270	272	CRN:				# Units:			WE hours will be:	Unpaid	Paid
Subject:					Assigned Instructor:							
STUDENT INFORMATION												
Last Name:			First Name:				CSID:					
Phone:		Email:			Prior Work Experience Units Completed:							
Declared Major:			Are you seeking work experience credit for your own business? Yes No									
<i>If Yes, please contact your College's Work Experience Office before completing this application.</i>												
Are you over 18 years of age or older:			Yes No		Check if you are a			F1 International Student or		Receiving VA benefits		
EMPLOYMENT / INTERNSHIP / VOLUNTEER INFORMATION												
Position Title:				How long have you been with this organization?			How long have you been in this position?					
Main Duties/Assigned Responsibilities:												
For this position do you:	Operate a company vehicle?		Operate heavy equipment (forklift, bulldozer, press machinery, etc.)?			Work with hazardous materials?		Work with minors?		Work in a private residence?		
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Work Schedule	Sun		Mon	Tues	Wed		Thurs		Fri	Sat		
Shift Hours: (am/pm)												
ORGANIZATION INFORMATION												
Company Name:												
Address:					City:			Zip:				
Worksite Address: (If different than company address)					City:			Zip:				
Supervisors Name:				Title:								
Phone:			Email									
EMPLOYER AGREEMENT												
THIS SECTION TO BE COMPLETED BY EMPLOYER/ORGANIZATION												
<p>The employer and the college agree to provide the necessary supervision and guidance to ensure maximum educational benefit from this work experience. The employer will ensure a reasonable probability of continuous work experience for student during the enrollment term. The employer will verify the hours completed by the student during the course term. San Diego Community College District does not discriminate on the basis of national origin, religion, sex, age, medical condition, mental or physical disability, marital status, sexual orientation or Vietnam era veteran status in its acceptance, assignment, treatment, evaluation, or compensation of students who participate in programs sponsored or arranged by San Diego Community College District. Employers who sign this agreement are expected to uphold this policy in their selection of prospects for employment, educational process or activities.</p> <p><b>PAID WORK EXPERIENCE:</b> The student and organization understands that no employment arrangement exists between the student and the San Diego Community College District. It is understood that the organization will provide adequate protection for their paid student/employee through workers' compensation and general liability insurance as required by law. The organization shall defend, indemnify and hold harmless the San Diego Community College District its officers, employees and agents from and against any and all liability, loss, expense, attorney's fees, or claims of injury or damages arising out of the performance of this agreement.</p> <p><b>UNPAID WORK EXPERIENCE:</b> The student and the San Diego Community College District understand that no employment arrangement exists between the student and the organization. The San Diego Community College District will provide adequate protection for the student through its workers' compensation insurance as required by law. The organization agrees to defend, indemnify and hold harmless the San Diego Community College District, its officers, employees and agents from and against any and all liability, loss, expense, attorney's fees, or claims of injury or damages arising out of the performance of this agreement but only in proportion to and to the extent such liability, loss, expense, attorney's fees or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the organization, its officers, agents or employees.</p>												
# of employees with employer?			Year employer established?			Primary Industry/Sector:						
Employer Signature:							Date:					
STUDENT AUTHORIZATION												
As a Work Experience student, I understand that my Instructor/Coordinator will be providing information about my work experience educational activities and enrollment to my Supervisor and my Supervisor will be providing information to my Instructor/Coordinator concerning my educational job-related objectives.												
Student Signature:							Date:					